

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtuck</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>26</i>	Age <i>70</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>—</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>bat</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hypertension</i>	How long	<i>one day</i>
Immediate	<i>coma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Spar</i>
		Address	
Accident or Suicide?			



Name
in
Full

Edward Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>8</i>	Age <i>19</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>Saboteur</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Brown, M.D.</i>
	Address <i>Lumberton</i>
Accident or Suicide?	<i>Md.</i>



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Madden Virginia Benson

Town

County

Died at

So. Cumberland

Alleghany

MARYLAND

Date

of death 1903

Month

7

Day

5

Age

Years

1

Months

—

Days

—

Sex

Female

Color or
Race

white

Birth-
place

Cumberland

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Benson

Father's
BirthplaceMother's
Maiden Name

Bertha Luegg 93

Mother's
Birthplace

Cumberland

Name of person giving
In formation

Bertha Luegg

How related
to deceased

mother

CAUSES OF DEATH

Primary

Ph Pneumonia

How long

8 days

Immediate

Convulsion

How long

6 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

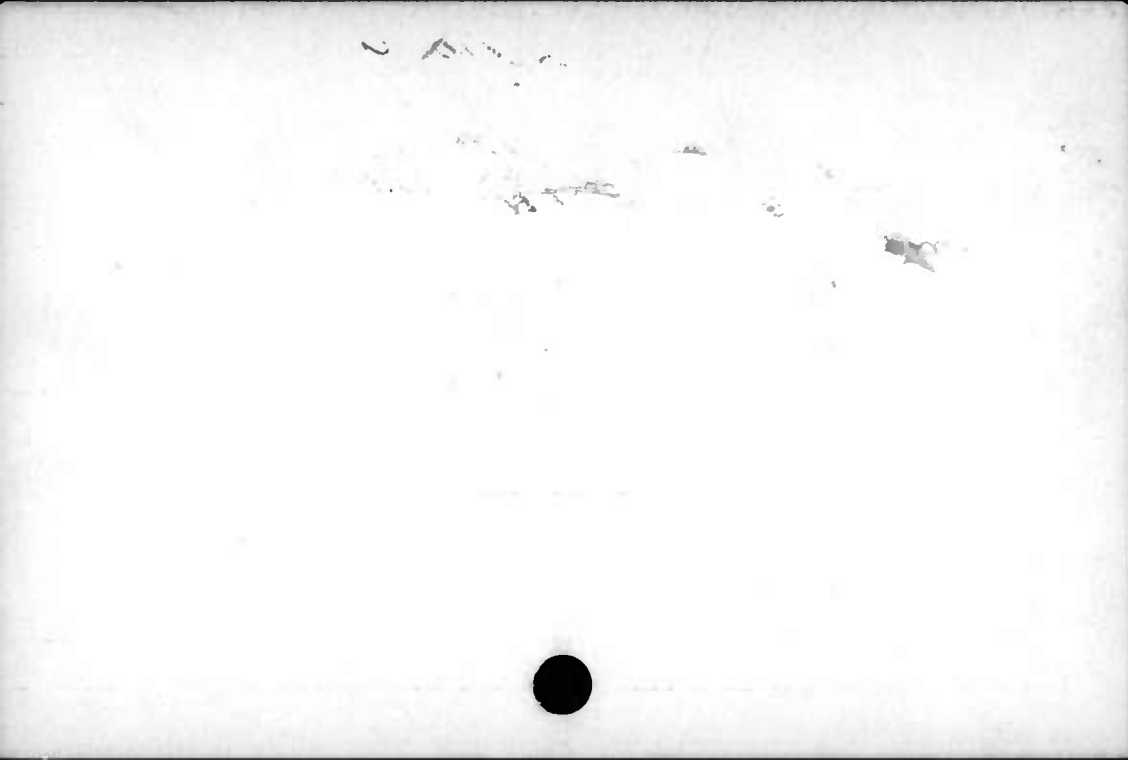
E. B. Leaybrook M.D.

Address

Cumberland Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ralph Bohem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{town}		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>16th</i>	Age <i>13</i>	Years	Months <i>—</i>
Sex <i>M</i>	Color or Race <i>N</i>	Birth-place <i>MD</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>Imitate Susan Boyle</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Injury to head when an infant</i>	How long	<i>—</i>
Immediate	<i>Convulsion & exanthema</i>	How long	<i>12 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. F. Surry</i>	
		Address <i>Cumtland, MD</i>	
Accident or Suicide? <i>—</i>			



Name
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Full

CERTIFICATE OF DEATH

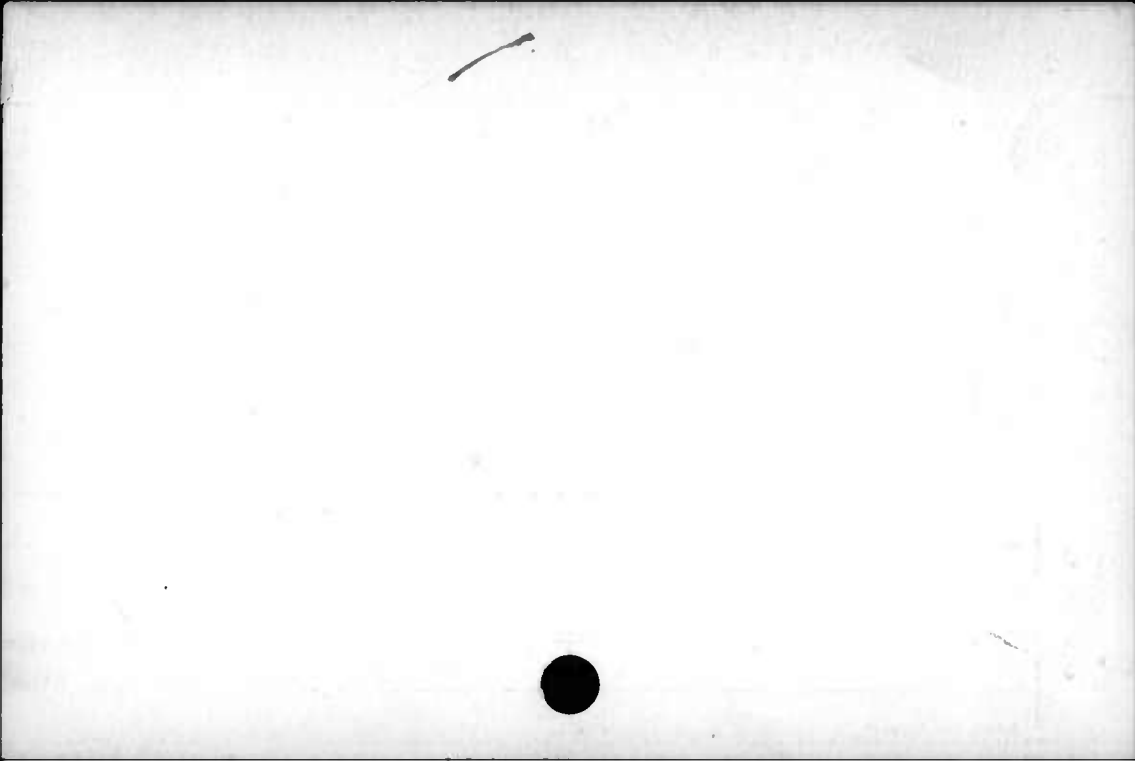
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Booker</i>		Town <i>Cambridge</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at		Date of death 190 <i>3</i>		Month <i>7</i>		Day <i>4</i>	
Age <i>about 38</i>		Years		Months		Days	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Washington</i>		Occupation	
Married, Single or Widowed <i>yes</i>							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>suicide, shooting</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>W. H. Lomax Cor</i>	
Accident or Suicide?		<i>for S. Stein.</i>	



Name

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CERTIFICATE OF DEATH

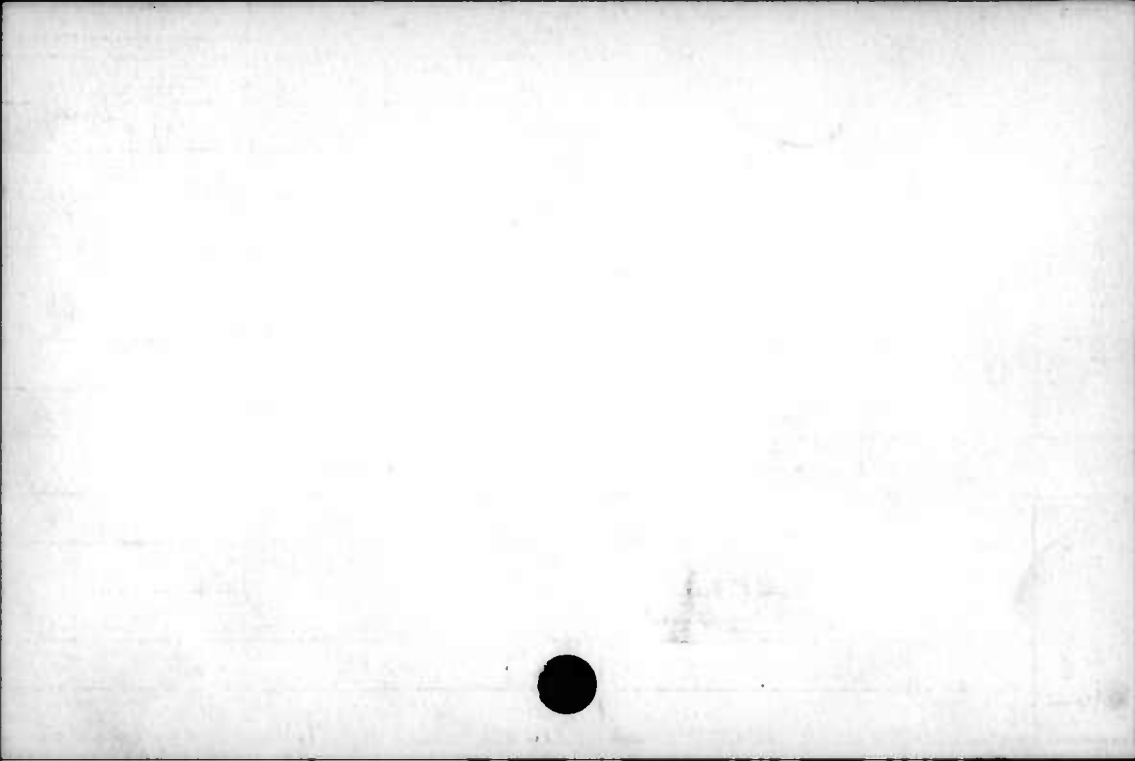
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date		Month		Day		Years	
of death 1903		July		4		Age	
Sex		Color or Race		Birth place		Months	
Male		White		Lansdowne		Days	
Married, Single or Widowed				Occupation			
Married				Business			
Name of Wife or Husband							
Frank Boyle							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Frank Boyle				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eutrocolitis 105	How long	48 hours
Immediate	Meningitis	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W B Skilling	
		Address	
		Lansdowne	
Accident or Suicide?			
No			



Name
in
Full

Minnie M. Brashears

CERTIFICATE OF DEATH

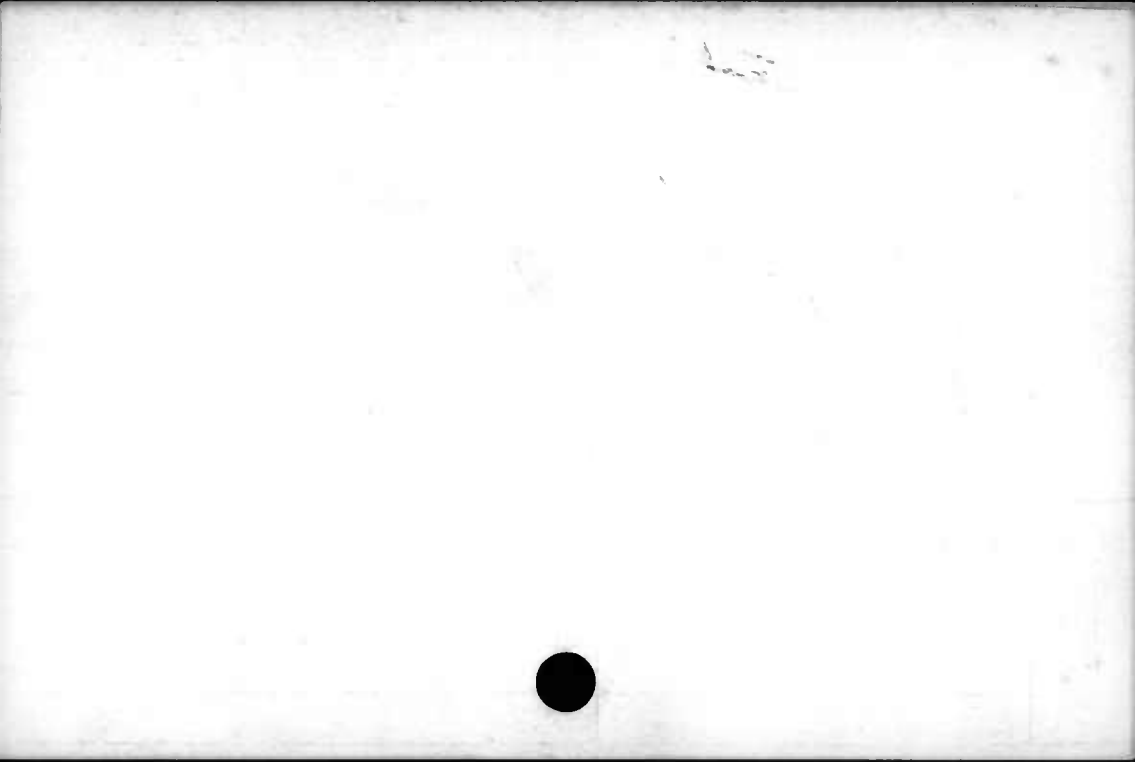
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtuck</i>		County <i>Accomack</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>19</i>	Age —	Years —	Months —	Days <i>11</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Accomack Md.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>child</i>					
Name of Wife or Husband —							
Father's Name <i>Henry Brashears</i>				Father's Birthplace <i>N. Va.</i>			
Mother's Maiden Name <i>Ervy Rhinbrott</i>				Mother's Birthplace <i>N. Va.</i>			
Name of person giving In formation <i>Ervy Rhinbrott</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarrhea</i>	How long <i>3 days</i>
Immediate <i>Coma</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Wier</i>
	Address <i>Cumtuck Maryland</i>
Accident or Suicide? —	



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}			
Date of death <i>190</i>	Month <i>July</i>	Day <i>22</i>	Age <i>25</i> ^{Years}	Months <i>?</i>	Days <i>?</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>A ?</i>		
Occupation <i>miner</i>	Where Residing if not at place of death				
Married Single or Widowed		Name of Wife or Husband			
Father's Name <i>P</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever.</i>	How long	<i>2 weeks.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. L. Thompson,</i>	
		Address	
		<i>Cumberland,</i>	
		<i>md</i>	
Accident or Suicide?			



Name
in
Full

Harry Burton

CERTIFICATE OF DEATH

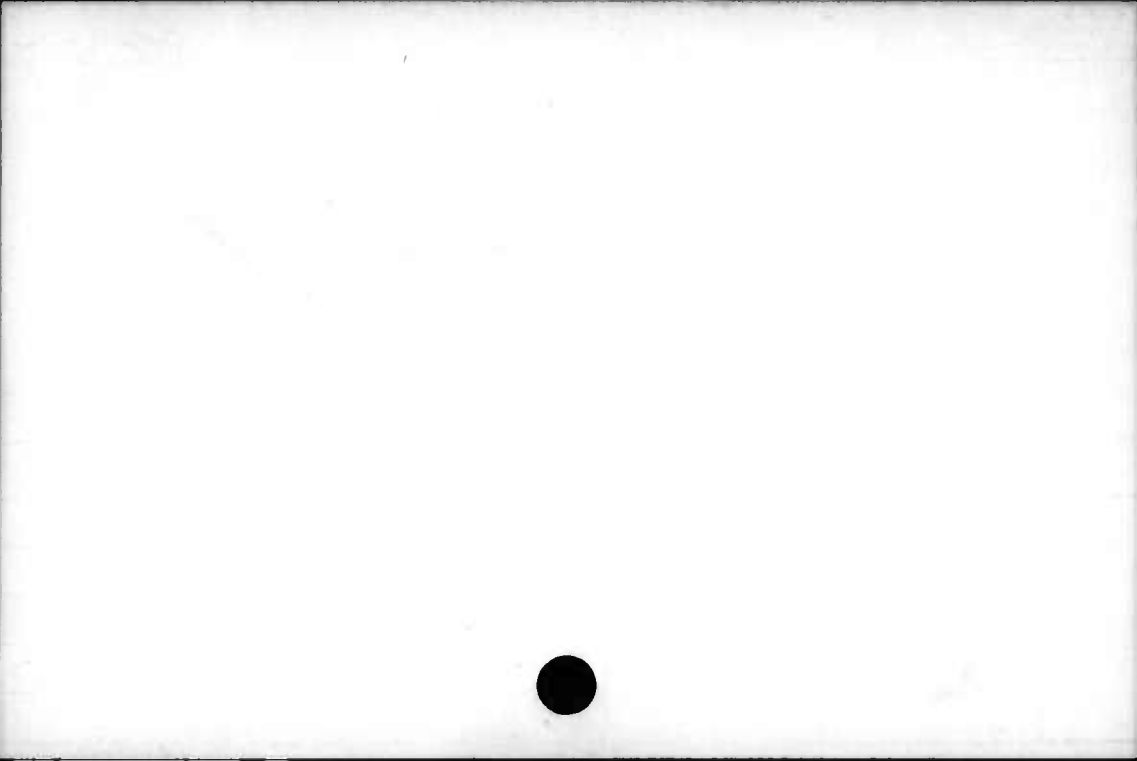
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Lee Burton</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ann L. Steekman</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving Information <i>Henry Lee Burton</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>JM Spear</i>
	Address <i>Cumberland Md</i>
<i>Accident or Suicide?</i>	



Name

in
Full

CERTIFICATE OF DEATH

Infant W. B. Clark

Town

County

Died at *Lumberton*

Date

of death 1903

Month

July

Day

12

Age

alligamus

Years

Months

5

Days

MARYLAND

Sex

*female*Color or
Race*white*Birth-
place*Pa.*Married, Single
or Widowed*Single*

Occupation

Name of Wife or
HusbandFather's
Name*W. B. Clark*Father's
Birthplace*Pa.*Mother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Enteric Colitis

How long

1 day

Immediate

Exhaustion

How long

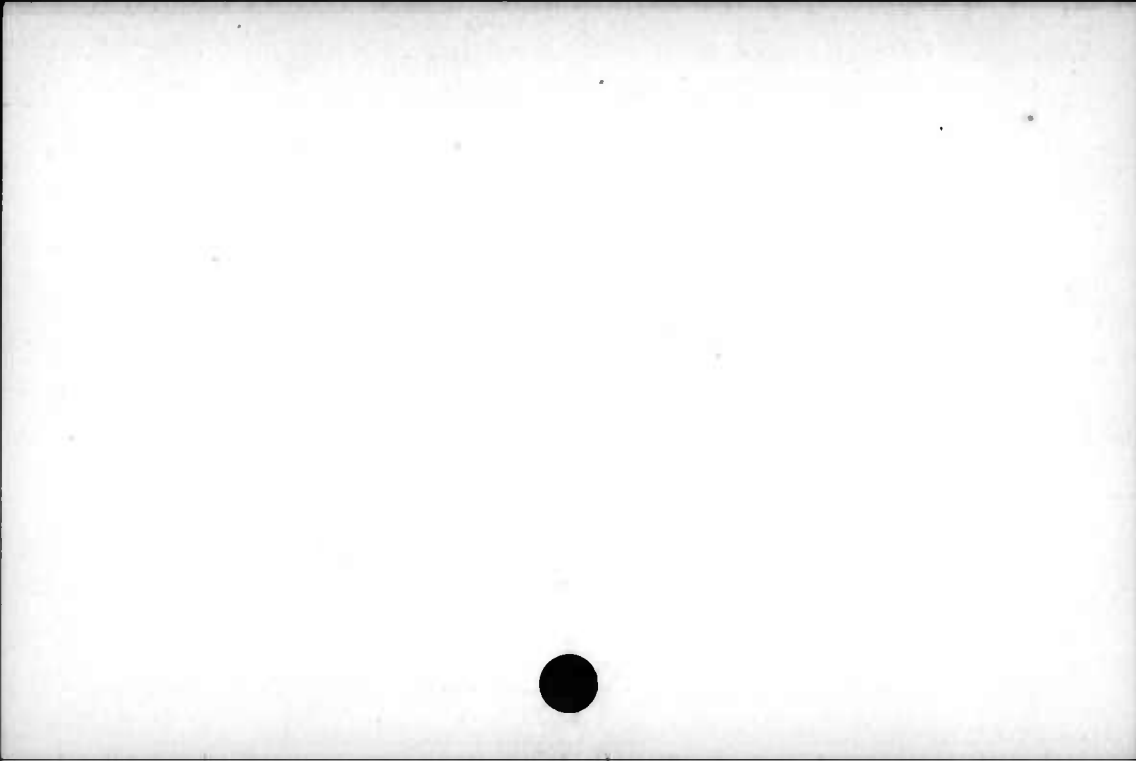
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Thos. W. Conroy M.D.*

Address

Lumberton

Accident or Suicide?

*no.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rebecca Dennison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

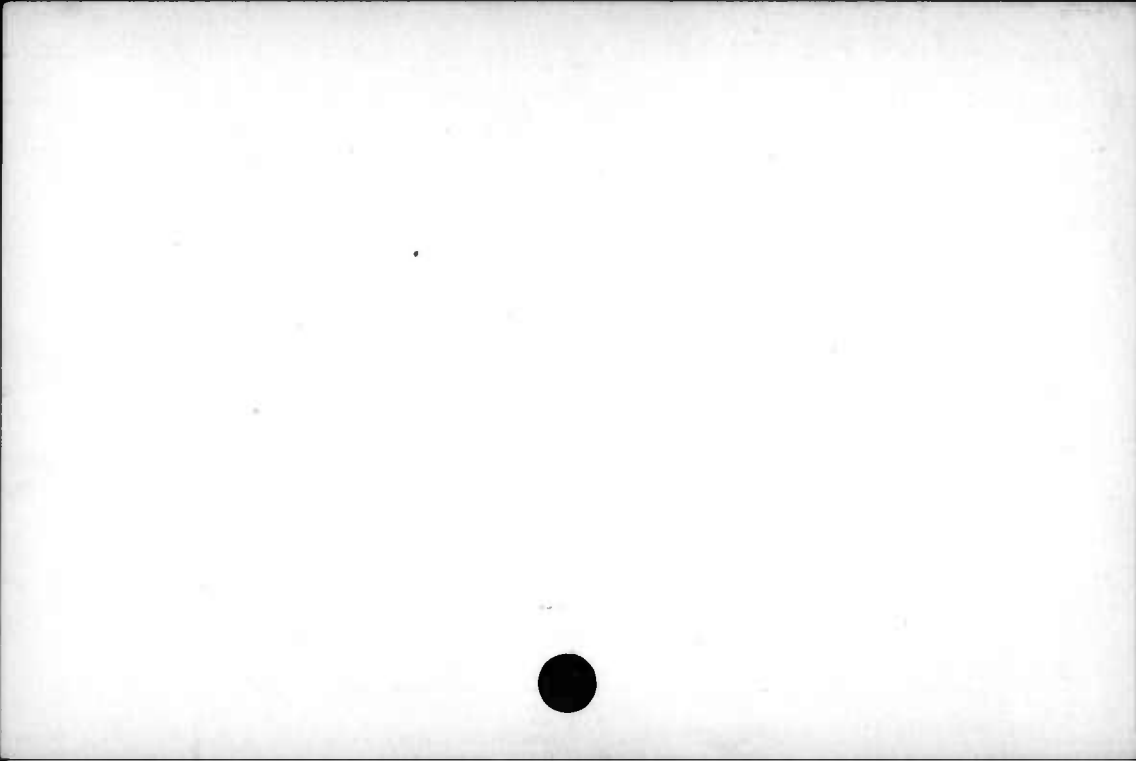
Died at		Town Oldtown		County Alleghany		MARYLAND	
Date of death 190	3	Month July	Day 2	Age 69	Years 1	Months 3	Days 3
Sex	female		Color or Race	white		Birth- place	Maryland
Married, Single or Widowed	Widowed			Occupation Housewife			
Name of Wife or Husband		Daniel Dennison					
Father's Name		James Trigg				Father's Birthplace	Maryland
Mother's Maiden Name		Catherine McCracken				Mother's Birthplace	Maryland
Name of person giving in formation		Evaline Lutzman				How related to deceased	Sister

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Catarrh of Stomach		How long	3 yrs
Immediate	Inflammation of bowels		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Theodore Koel M.D.
			Address	Chicago, Ill.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND						
Date of death		190	Month	7	Day	4	Age	Years	52	Months		Days	
Sex		Female		Color or Race		White		Birth-place					
Occupation						Where Residing if not at place of death							
Married, Single or Widowed						Name of Wife or Husband							
Father's Name						65						Father's Birthplace	
Mother's Maiden Name												Mother's Birthplace	
Name of person giving information												How related to deceased	

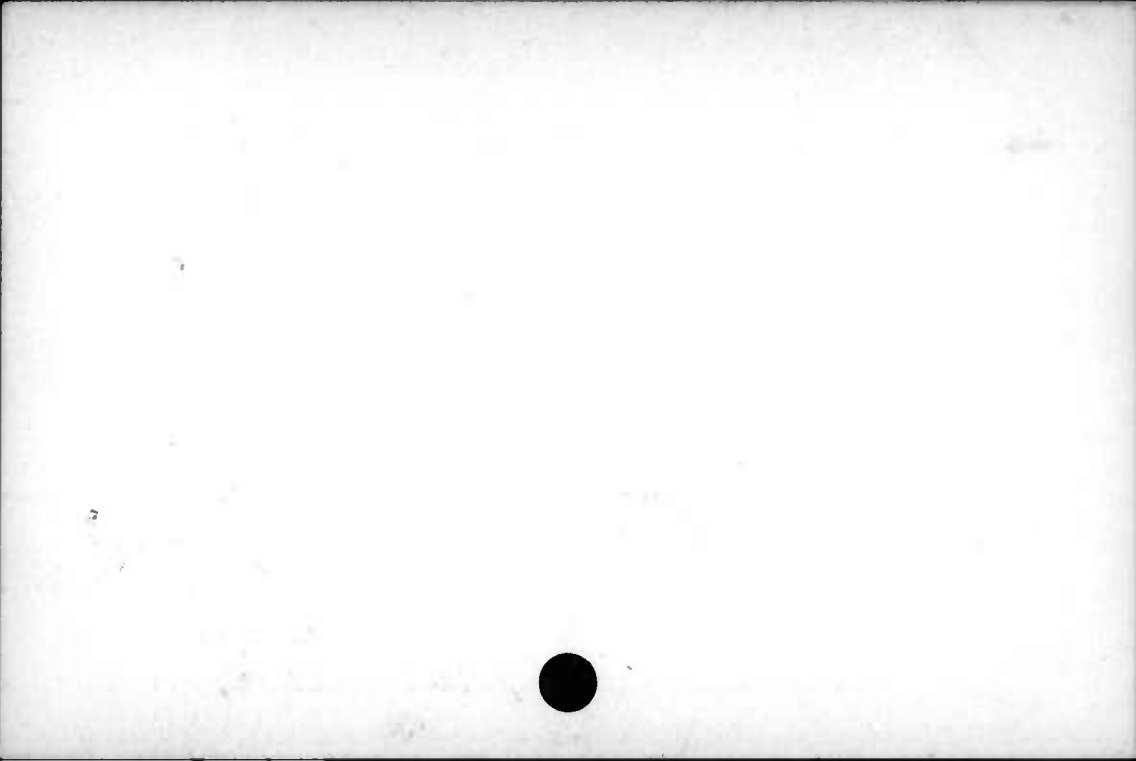
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full		Town				County				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Lonsanning		County		Allegheny		MARYLAND					
		Date of death 1903		July		Day		13		Age		68			
		Sex		Male		Color or Race		White		Birth-place		Ireland			
		Married, Single or Widowed		Married		Occupation		Miner							
		Name of Wife or Husband													
FATHER'S NAME		Edward Dorney										Father's Birthplace		Ireland	
		Mother's Maiden Name		Katharine Aspell						Mother's Birthplace		Ireland			
		Name of person giving information		George Dorney						How related to deceased		Son			
		CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Cancer of Prostate & Scurfition						How long		Two years			
		Immediate		Gas						How long		Eight months			
		Are the name, age, sex, color, date and place correctly given above?		Yes						Signature of Physician		W. B. Skilling			
										Address		Lonsanning			
		Accident or Suicide?													



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Allegheny</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death 190	3	Month 7	Day 31	Age Years	120	Months —	Days —
Sex	<i>M.</i>		Color or Race	<i>Black</i>		Birth- place	<i>md</i>
Married, Single Widowed				Occupation <i>stitch</i>			
Name of Wife or Husband				<i>John Eaglin</i>			
Father's Name				<i>Lancaster</i>			
Mother's Maiden Name				<i>45</i>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of liver</i>	How long	<i>6 months</i>
Immediate	<i>Old age</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. M. Lane</i>	
		Address	
Accident or Suicide?			



Name
in
Full

Child of Andrew Funn.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

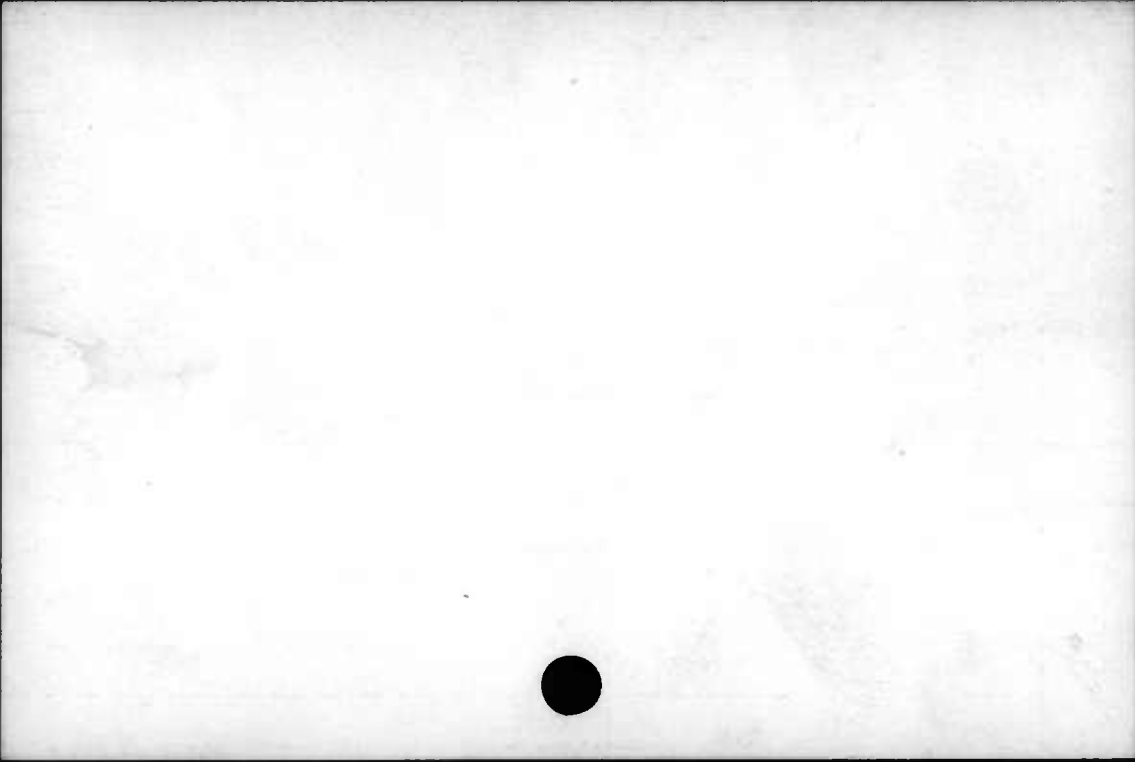
MARYLAND

Died at <i>Salisbury</i> <small>Town</small>		County _____	
Date of death 1903	Month <i>7</i>	Day <i>15</i>	Age _____
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>V. Salisbury</i>	
Married, Single or Widowed _____		Occupation _____	
Name of Wife or Husband _____			
Father's Name <i>Andrew Funn</i>		Father's Birthplace <i>V. Salisbury</i>	
Mother's Maiden Name <i>Mary Higgins</i>		Mother's Birthplace <i>V. Salisbury</i>	
Name of person giving information <i>Andrew Funn</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hydrocephalic Head of spinal</i>	How long <i>7</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo B. Reger</i>
	Address <i>7000 Longwood Rd.</i>
Accident or Suicide? _____	



Name
in
Full

Gallner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>23</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland Md</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Infant</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Joseph Gallner</u>			Father's Birthplace <u>Cumberland Md</u>		
Mother's Maiden Name <u>Mary Grapeustein</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Joseph Gallner D.</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born 7 months</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>E. J. Dine</u>
		Address	<u>Cumberland Md</u>
Accident or Suicide? <u>—</u>			



Name in Full		John Greek				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 190		3	Month	July	Day	16
				Age	26	Years		Months
		Sex		Male		Color or Race	White	Birth-place
		Married, Single or Widowed		Widower		Occupation	Miner	
		Name of Wife or Husband						
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information				How related to deceased		
		Jos. Grecco				Cousin		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Appendicitis 118				17 days		
		Immediate				How long		
		Septicæmia				3 days		
		Are the name, age, sex, color, date and place correctly given above?				yes		
PHYSICIAN OR CORONER		Signature of Physician				Address		
		E. B. Blaybrook				Crumbsland Ind		
PHYSICIAN OR CORONER		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

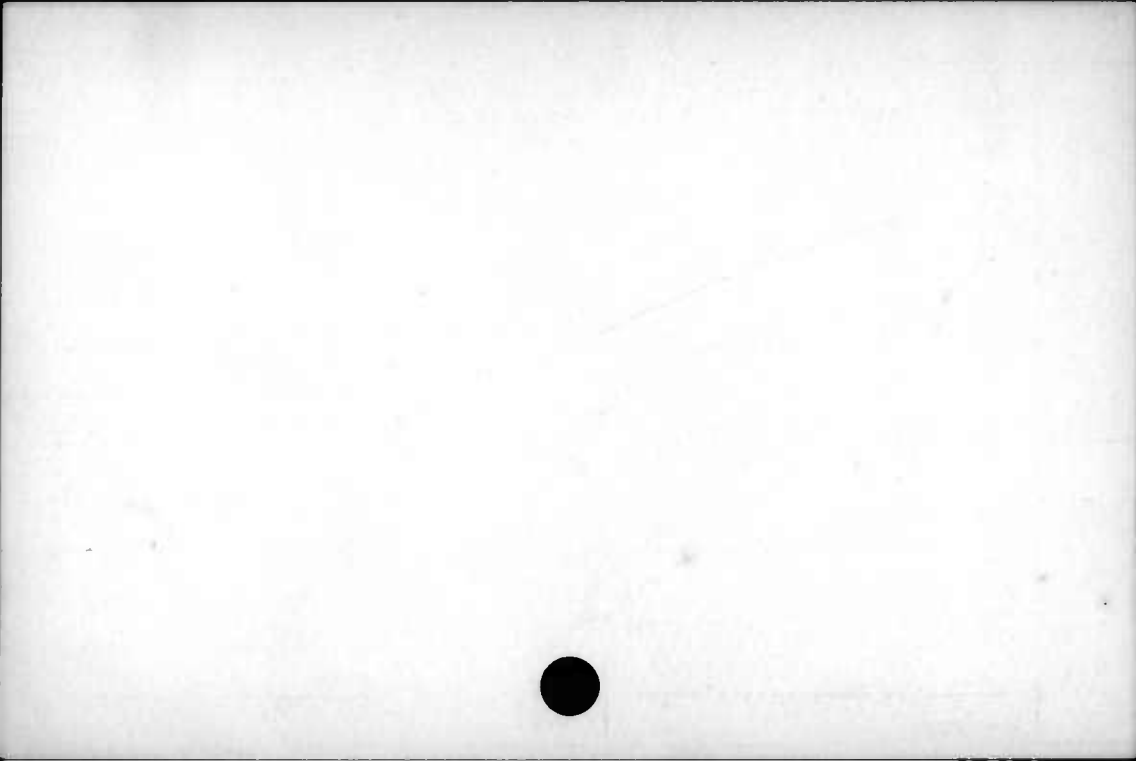
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sord</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>27</i>	Age <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Sord</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Gruber</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Ida Agnes Reed</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Thomas Gruber</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asphyxiated</i>	How long <i>151</i>	<i>found dead in bed</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James O. Bullock</i>
		Address	<i>Somerset Maryland</i>
Accident or Suicide			



Name
in
Full

Wm. Harvested Hart.

CERTIFICATE OF DEATH

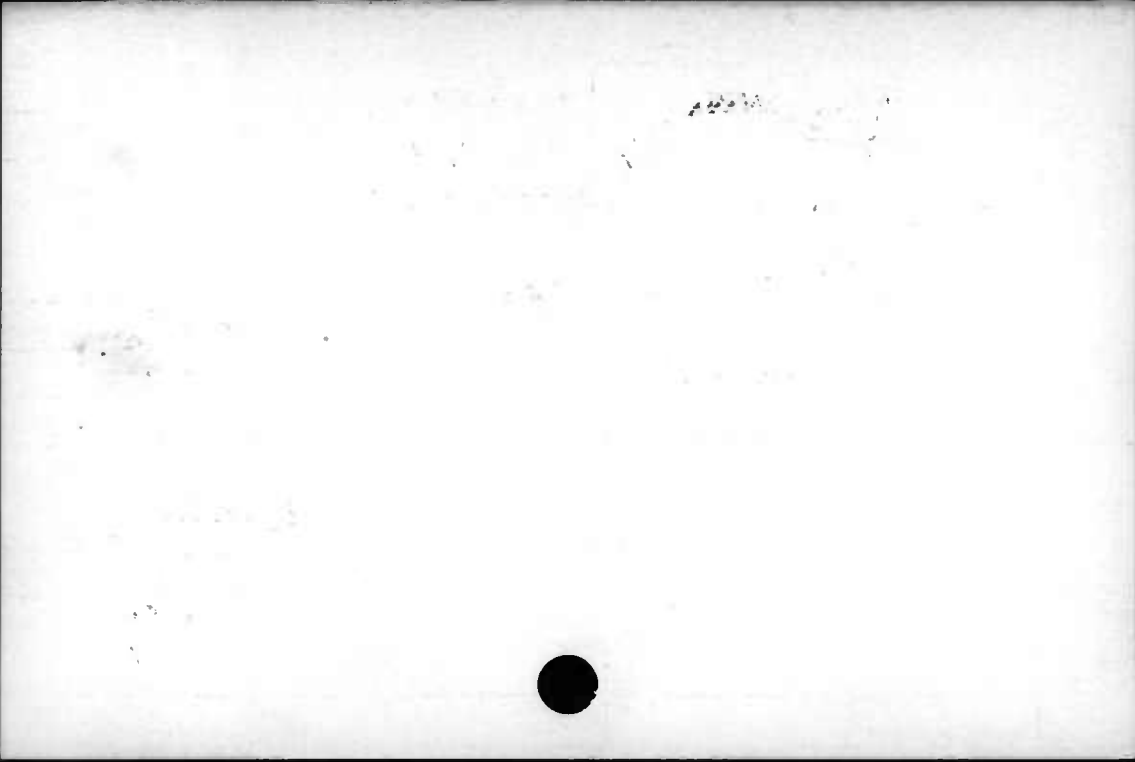
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> Town			County <i>Allegany</i>			MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>10</i>	Age <i>105</i>	Years <i>—</i>	Months <i>4</i>	Days <i>30</i>	
Sex <i>m.</i>		Color or Race <i>w</i>		Birth-place <i>Frostburg</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm. Hart</i>			Father's Birthplace <i>Frostburg</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			How related to deceased <i>father</i>				
Name of person giving information <i>W.P. Hart</i>							

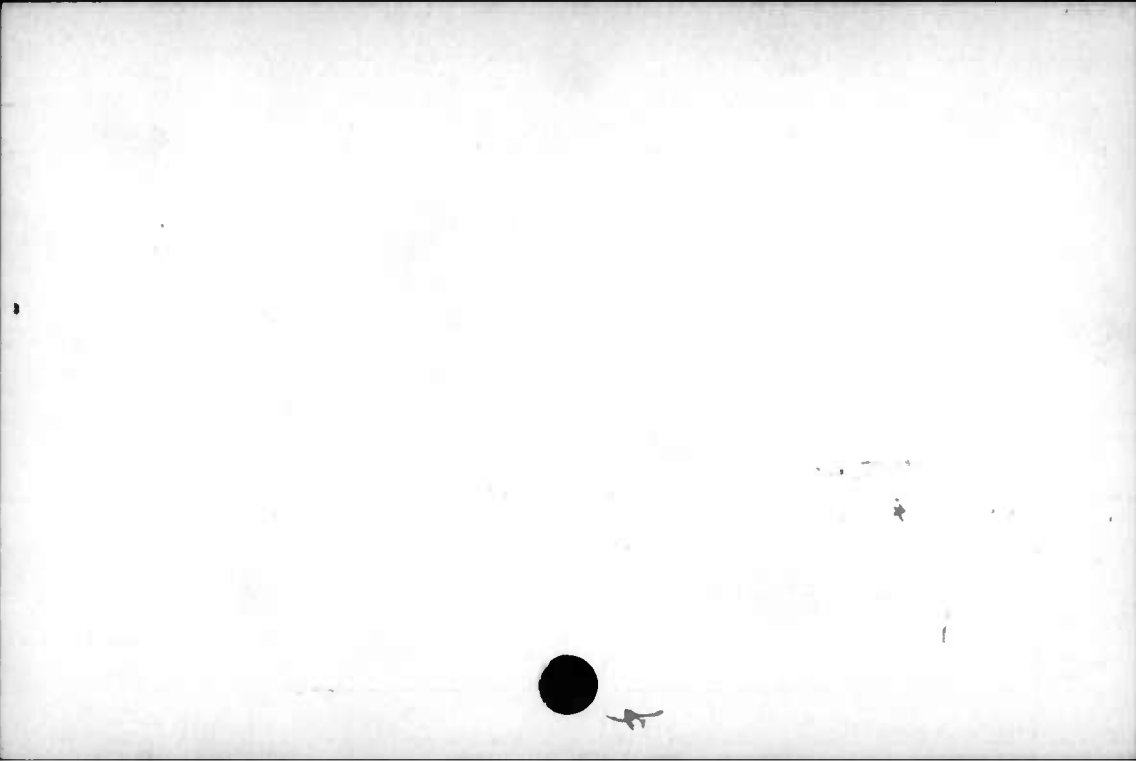
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Cholera Infantum</i>	How long <i>3 days.</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Price</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Elizabeth Hassman				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Cumberland		Queeney			
Date of death 190		Month	Day	Age	Years	Months	Days
3		July	14		5	5	
Sex		Female		Color or Race		White	
				Birth-place		Cumberland	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name		Jacob Hassman				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information		Jacob Hassman				How related to deceased	
		Father					
CAUSES OF DEATH							
Primary		Marasmus				How long	
		105				5 months	
Immediate		Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician	
						Address	
						Cumberland	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

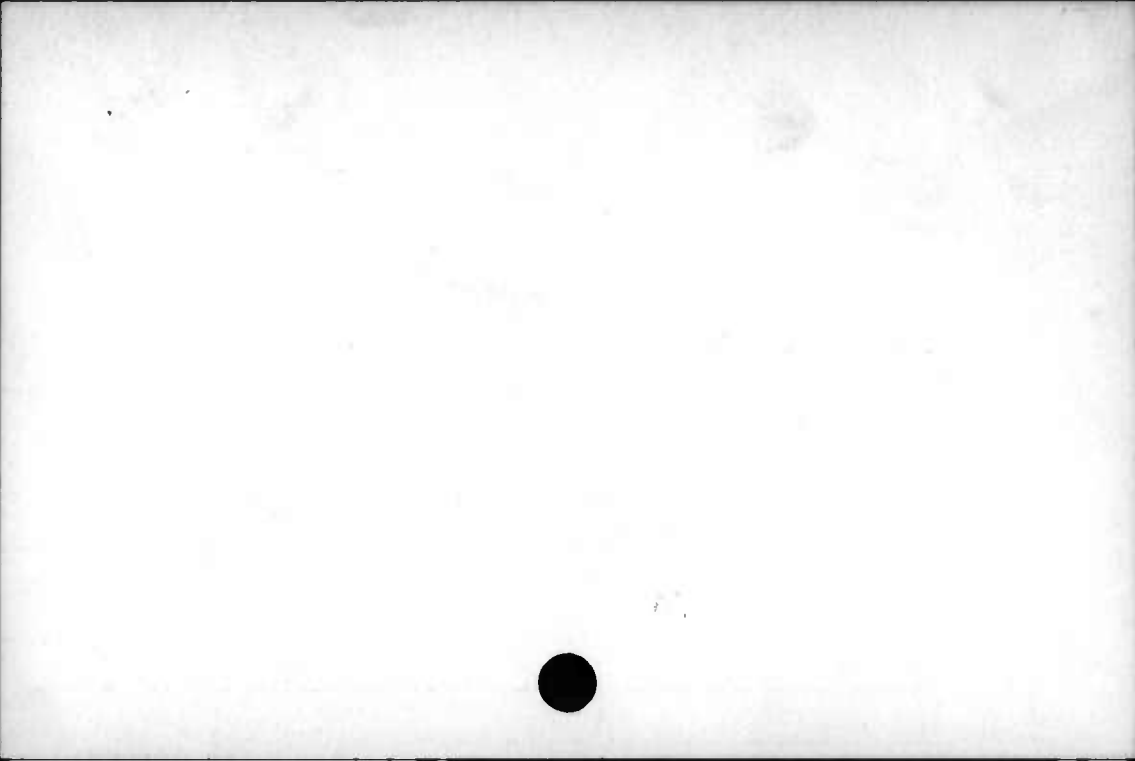
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumbersburg</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>27</i>	Age <i>1</i>	Months <i>4</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Child</i>		
Name of Wife or Husband					
Father's Name <i>Edmond East</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>1 month</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. A. Toan, M.D.</i>
	Address <i>Cumbersburg, Pa.</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

Hilliary Hobbs

CERTIFICATE OF DEATH

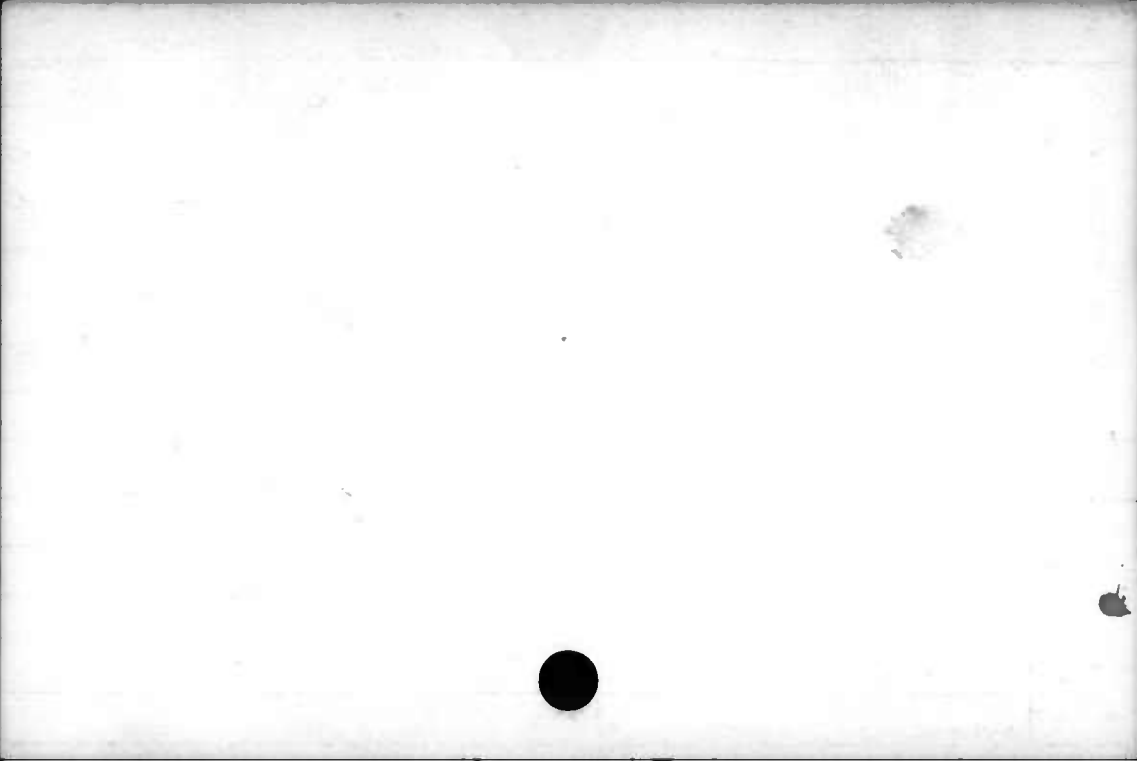
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>29</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>13</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtland Md</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Domestic</i>				
Name of Wife or Husband <i>(None)</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Sallie Matthews</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Sallie Matthews</i>				How related to deceased <i>Mother</i>			

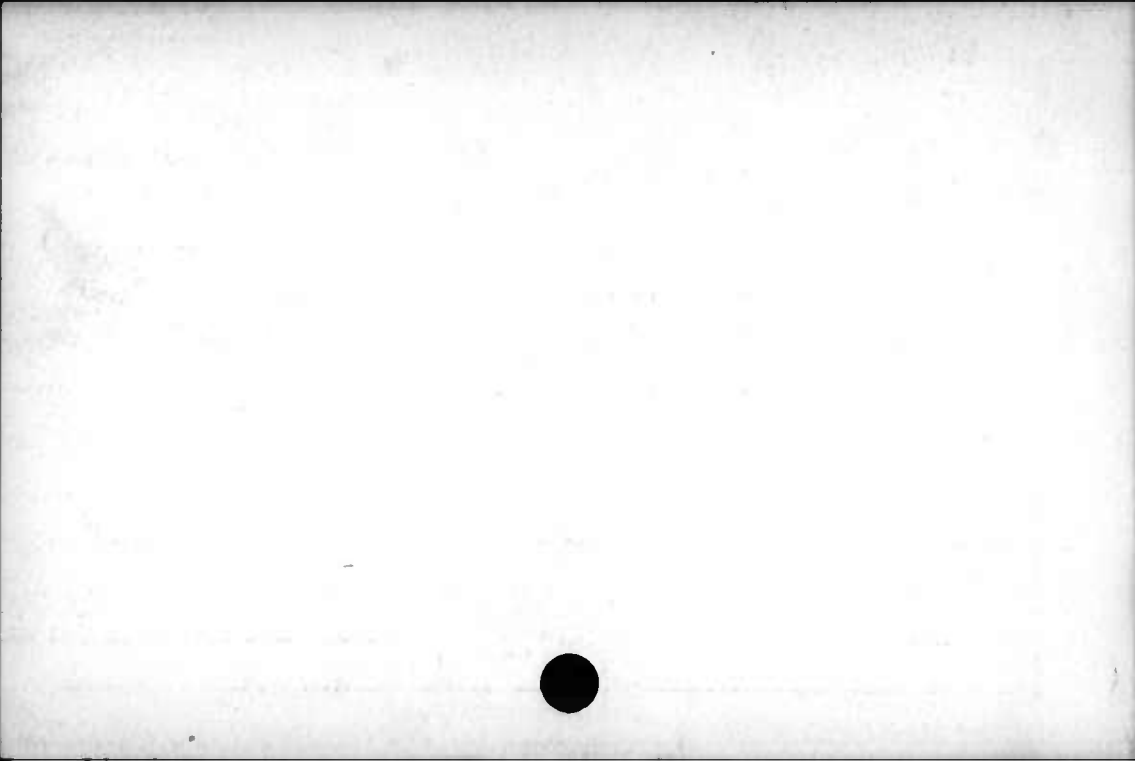
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion and Diarrhea</i>	How long <i>Life</i>
Immediate <i>Transition</i>	How long <i>10 1/2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo L Broadup M.D.</i>
	Address <i>Cumtland Md</i>
Accident or Suicide? <i>No</i>	<i>100 Va Ave.</i>



Name in Full		Martha Ellen Hobell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		aileany				
		Date of death 1903		Month July	Day 11	Years 80 +	Months —	Days —
		Sex Female		Color or Race white		Birth- place Wales		
		Married, Single or Widowed		Married		Occupation Wife		
		Name of the or Husband		John Hobell				
		Father's Name		John Skidmore		Father's Birthplace Wales		
		Mother's Maiden Name		Not known		Mother's Birthplace "		
Name of person giving In formation		John Hobell		How related to deceased		Husband		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary				How long		
		Enter-Colitis 106				6 days		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				M. Gibson Porter		
				Address		aileany Md.		
Accident or Suicide?		No						



Name
in
Full

Betsy Jackson

CERTIFICATE OF DEATH

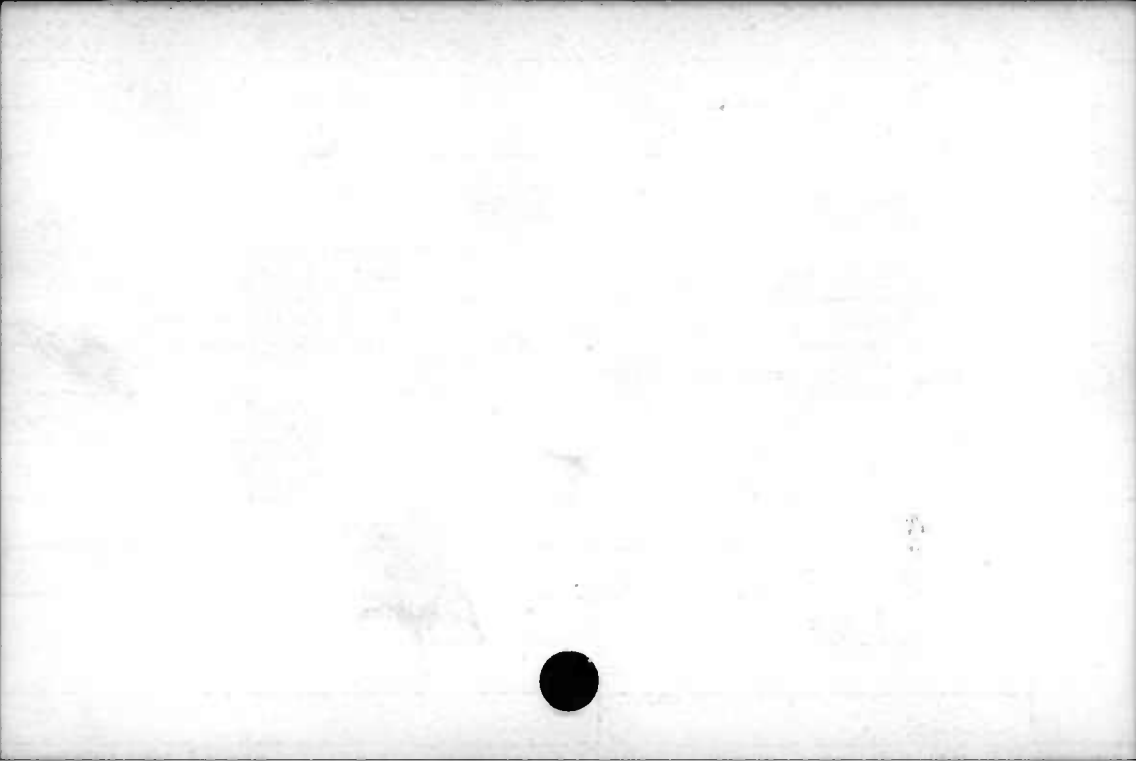
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name in Full

Certificate of Death

Abbie Johnson

Town

County

Died at

Sunderland Allegany

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

7

14

Age

65

14

C

Domestic

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

4

Husband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Gen Debility

154

How long sick

2 months

Death

Immediate

Malaria

~~Accident, Suicide, Homicide~~

Reported by

John H. Thompson

Address

63 N. Mechanic

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

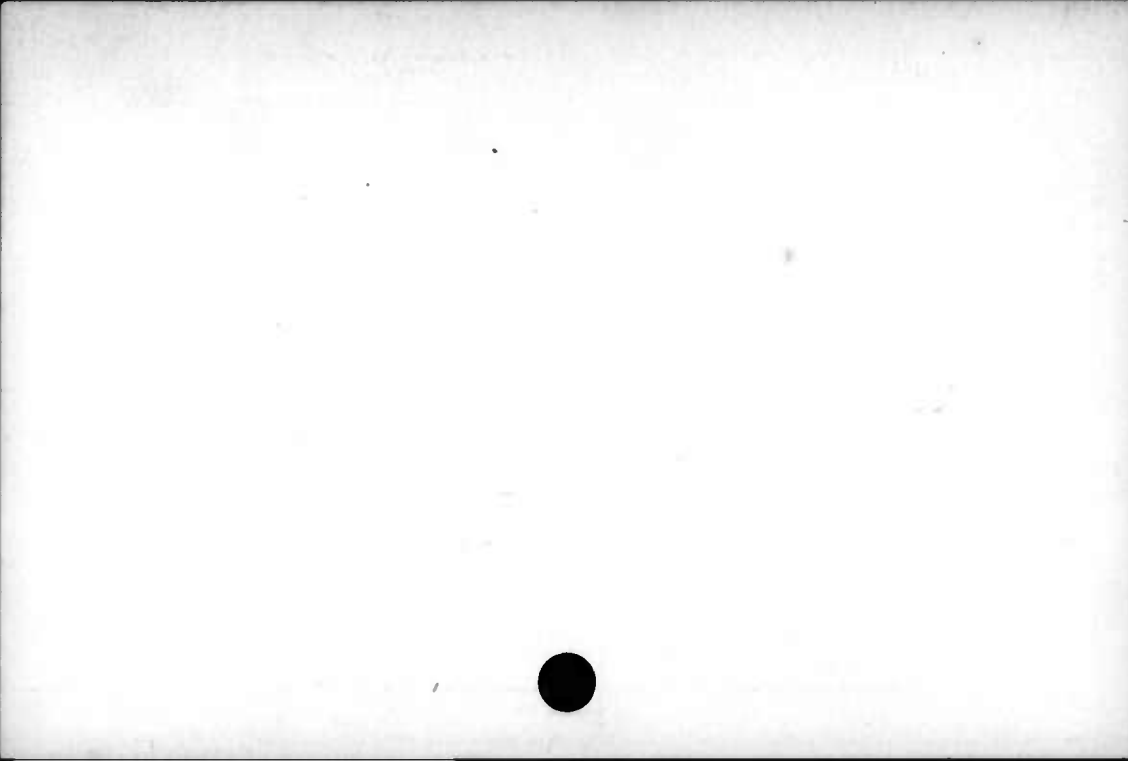
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leitchfield</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>24</i>	Age <i>47</i> Years	Months <i>4</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>—</i>			
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>Larry Jones</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

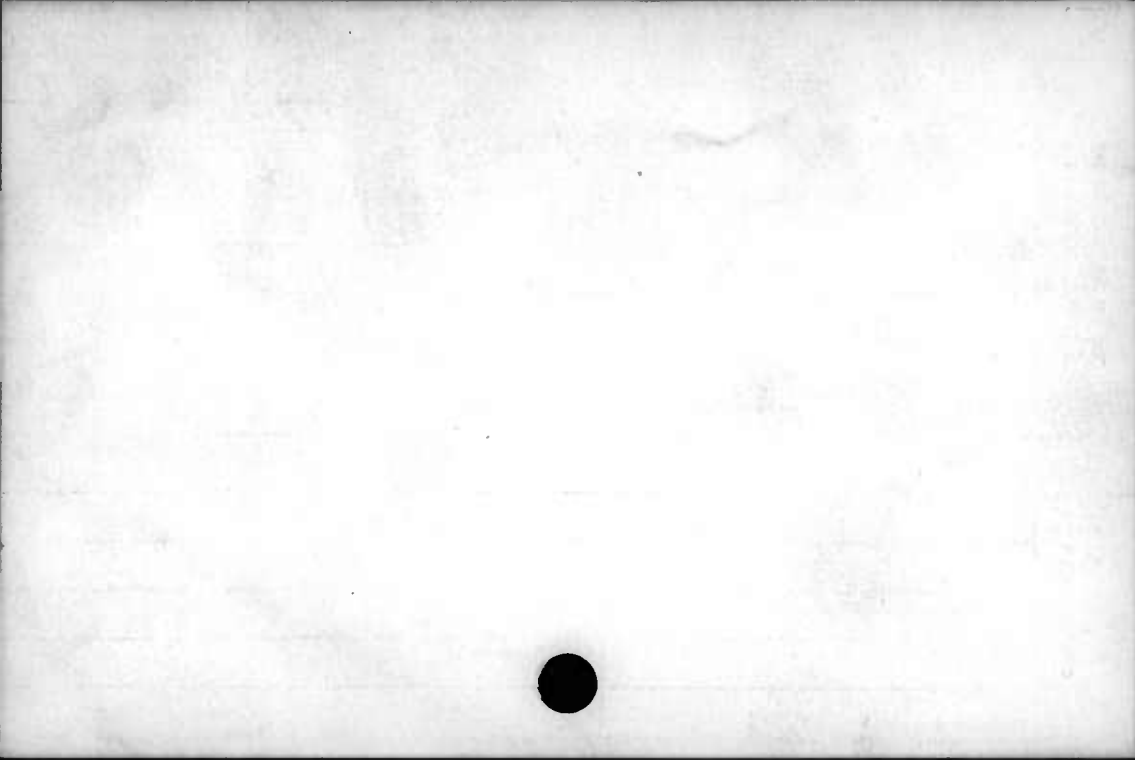
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fatty Degeneration of Heart</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thos. A. [Signature]</i>
		Address	<i>Leitchfield</i>
Accident or Suicide?			<i>no</i>



Name in Full Dolly Fork Patrick		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Lansdown Town		Allegheny County		MARYLAND	
	Date of death 1903	July	5	Age 25	Months 10 Days 3	
	Sex Female	Color or Race White		Birth-place Lansdown		
	Married, Single or Widowed Single		Occupation Laundry-girl			
	Name of Wife or Husband					
	Father's Name William Fork Patrick		Father's Birthplace Scotland			
	Mother's Maiden Name Ann Fork Patrick		Mother's Birthplace Scotland			
Name of person giving information Wm Fork Patrick		How related to deceased Father				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis			How long One year	
	Immediate	In anitation			How long 3 or 4 months	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. D. Skilling			
			Address Lansdown			
	Accident or Suicide?					



Name in Full

Certificate of Death

Thos Les
 Town *Cumberland* County *Allegany*
 Died at *Allegany* MARYLAND

Date 19 *03* *July* Month *10* Day *adult* Age *adult*
 Male *White* ~~Married~~ *Widow* Divorced
 Female ~~Colored~~ *Single* Widower Number of children living

Husband
 of
 Wife

Father's Name Mother's
 Maiden Name

Cause of Death { Primary *Debility* *179* How long sick
 Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *B.G. Miller*

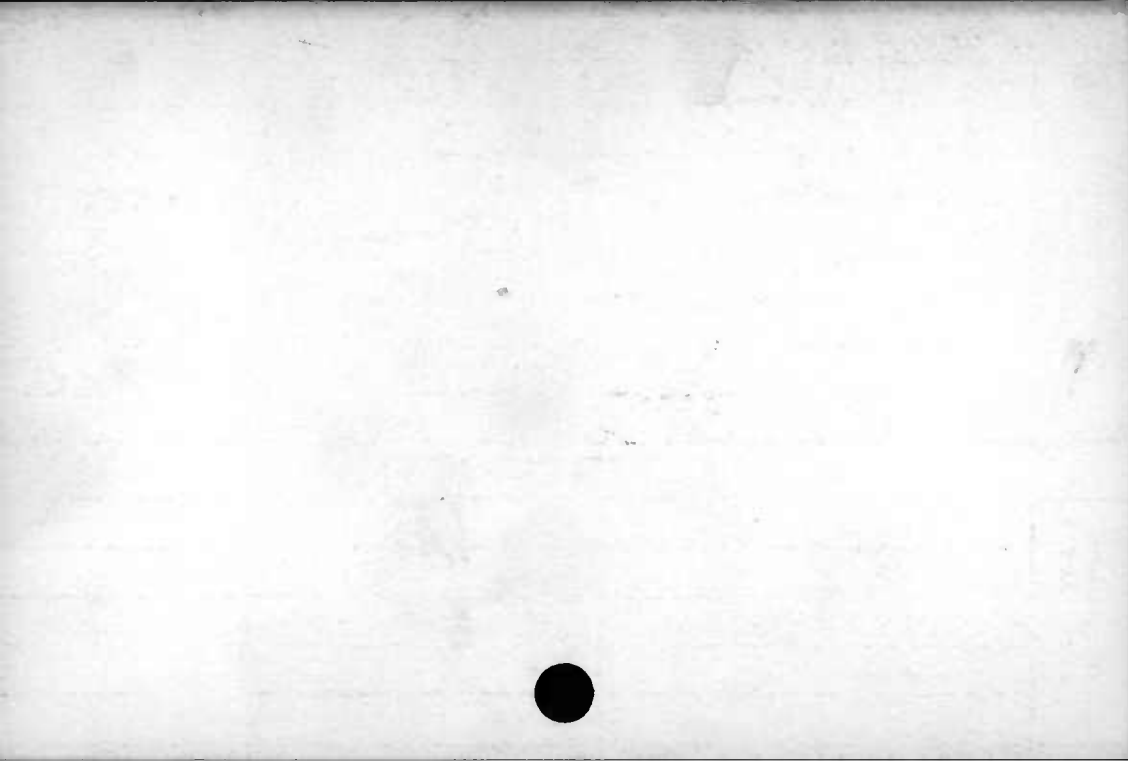
Address *Cumberland* *Me &*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1000



Name in Full		Mary Lewis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Frostburg		Alleg.		MARYLAND	
	Date of death 1903	Month	Day	Year	Months	Days		
	July	4	28					
	Sex	Female	Color or Race	White	Birth-place	Frostburg Md		
	Married, Single or Widowed			Occupation				
				Domestic				
	Name of Wife or Husband							
PHYSICIAN OR CORONER	Father's Name				Father's Birthplace			
	Henry Lewis				Wales			
	Mother's Maiden Name				Mother's Birthplace			
					Wales			
Name of person giving information				How related to deceased				
Self								
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Confinement							
	Immediate				How long			
	Septic Peritonitis				Four days			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				J. Griffith				
				Address				
				Frostburg				
Accident or Suicide?								



Name
in
Full

Carrie Sophia Logue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>S. Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190	3	Month <i>July</i>	Day <i>5</i>	Age <i>1</i>	Months <i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cumberland</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Jac. F. Logue</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mary M. Logue</i>			Mother's Birthplace <i>Md</i>		
Name of person giving In formation <i>Jac. F. Logue</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5</i>
Immediate <i>Exhaustion</i>	How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sh. Broadbent</i>
	Address <i>100 7th Ave</i>
Accident or Suicide? <i>No</i>	<i>Cumberland Md</i>



CERTIFICATE OF DEATH

Died at		Cumberland		Alli gary		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	7	18					1
Sex	Male		Color or Race	White		Birth-place	Cumbl
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Jas. J McGraw				Father's Birthplace			
Jesse McGraw				Mother's Birthplace			
Jas McGraw				How related to deceased			

CAUSES OF DEATH

Primary	<i>Aggravated</i>	How long	<i>150</i>
Immediate	<i>Prenatal Birth</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. F. Jurek</i>
		Address	<i>Camden, N.J.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

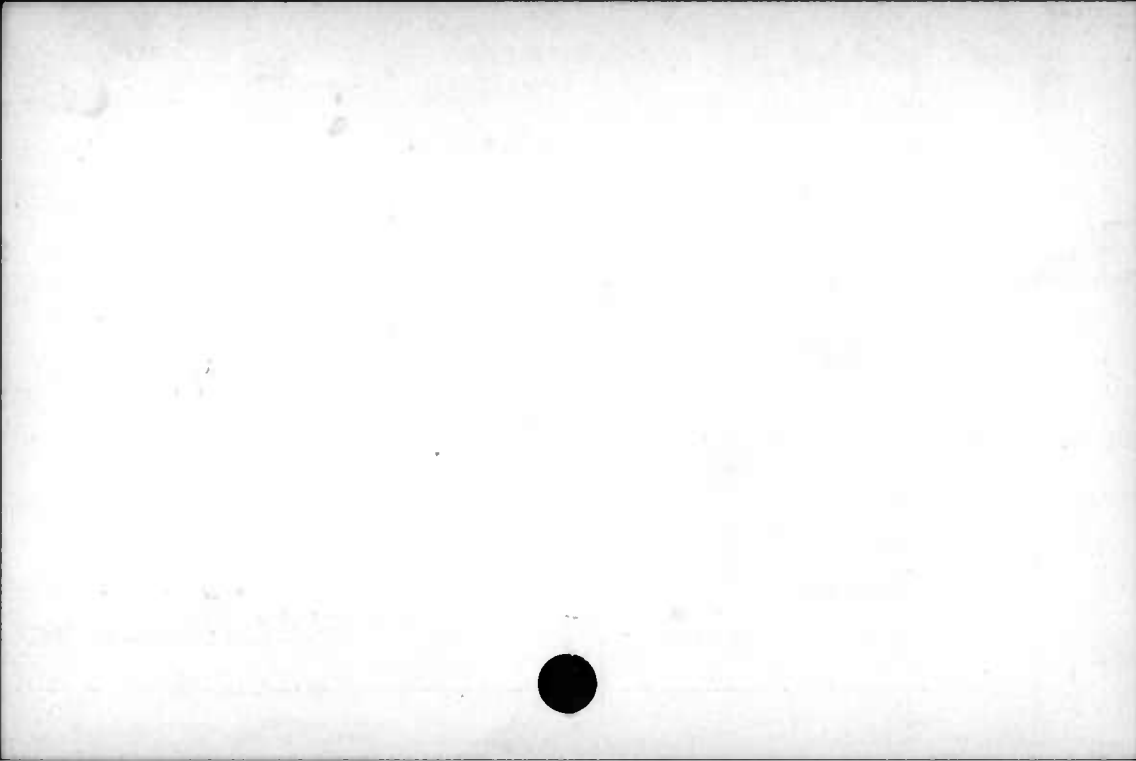
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month		Day		Age	
3 July		9		81		Years	
Sex		Color or Race		Birth-place		Months	
Male		White		Scotland		Days	
Married, Single or Widowed		Occupation					
Widower		Farmer					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Tom M. McNeil Sr		Scotland					
Mother's Maiden Name		Mother's Birthplace					
Agnes Davis		Scotland					
Name of person giving information		How related to deceased					
Tom M. McNeil Jr		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera-morbus	How long	48 hours
Immediate	Collapsus	How long	Only a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Lerra erving	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>24</i>	Age <i>adult</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>James W. Macbeth</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased <i>45</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Cancerous</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>T. B. Jones Jr.</i>
	Address <i>Cumberland Maryland</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Summerville* Town

County

all, am

MARYLAND

Date

of death 190

Month

Jan

Day

16

Age

Years

Months

3

Days

Sex

*Female*Color or
Race*White*Birth-
place*Ind*Married, Single
or Widowed*Single*

Occupation

Name of Wife or
HusbandFather's
Name*G. M. Miller*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

End. White

How long

2 hrs.

Immediate

*Exhaustion**105*

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*W. M. Jones MD*

Address

*Summerville
Ind*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

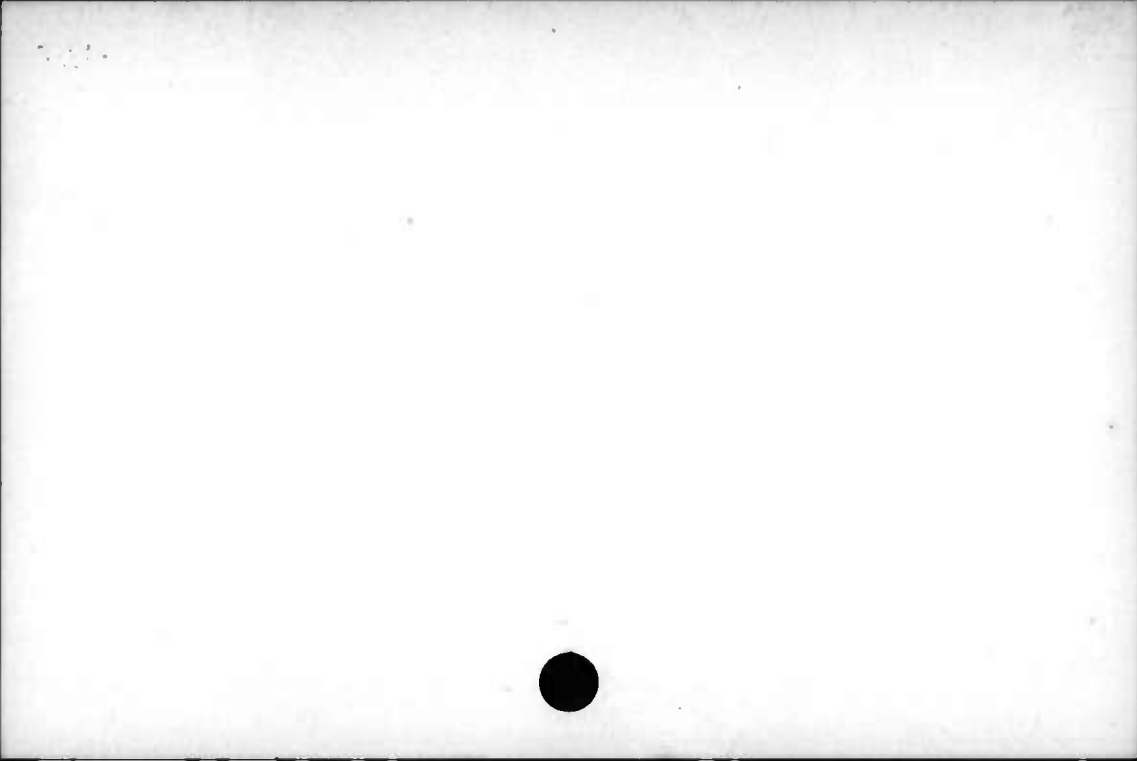
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Date		Month	Day	Years	Months
of death 1903		July	29	Age 1	25
Sex	Female	Color or Race	White	Birth-place	Linacoring
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Name				
Father's Name	William Miller			Father's Birthplace	Linacoring
Mother's Maiden Name	Mary D. G. G. G. G.			Mother's Birthplace	Linacoring
Name of person giving information	W. H. Miller			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eutypa Colitis	How long	105
Immediate	Meningitis (Central)	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Only a few hours	
Signature of Physician		W. G. K. K. K.	
Address		Linacoring	
Accident or Suicide:			



Name
in
Full

Daniel Murray Jr

CERTIFICATE OF DEATH

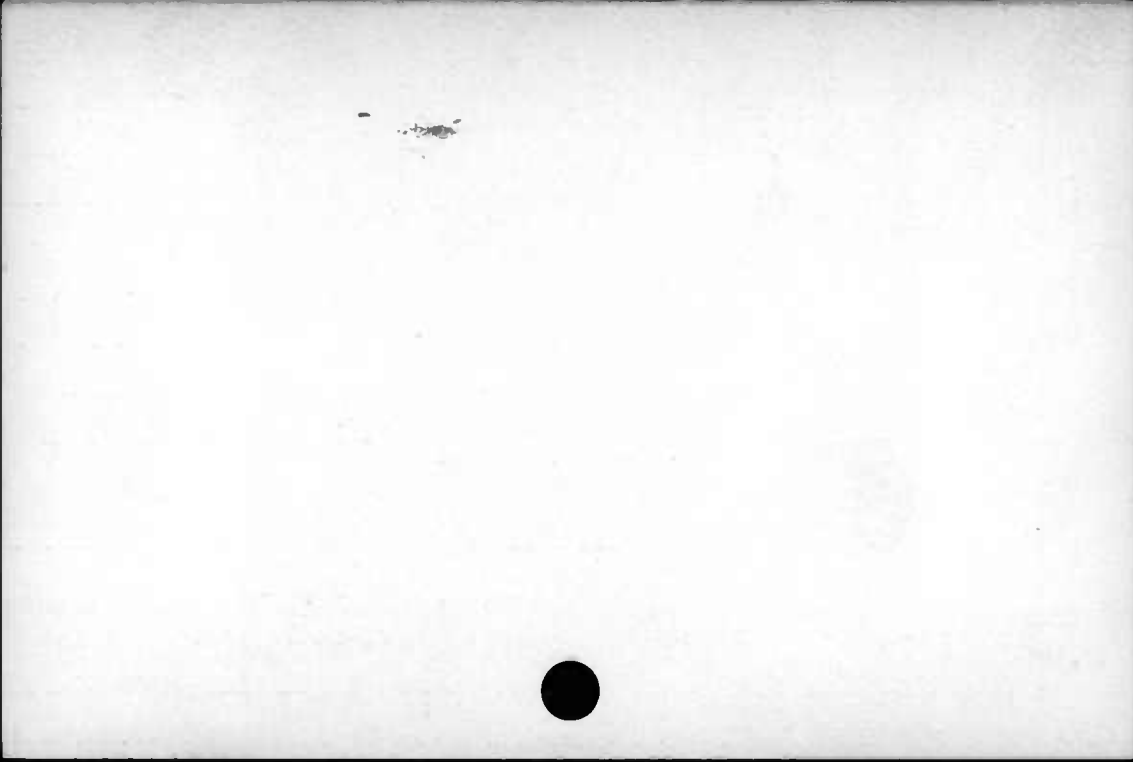
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Bellefonte		MARYLAND	
Date of death 1903		Month July		Day 23		Years —	
Sex Male		Color or Race White		Birth- place Cumberland		Months 4	
Married, Single or Widowed Single		Occupation Infant				Days —	
Name of Wife or Husband —							
Father's Name Daniel Murray				Father's Birthplace W. Va			
Mother's Maiden Name Hamilton				Mother's Birthplace Md			
Name of person giving In formation Daniel Murray				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis		How long Lifetime	
Immediate Intoxication		How long "	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. J. Duke	
		Address Cumberland Md	
Accident or Suicide? —			



Child of John Kiland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland

County
Allegheny
Years

MARYLAND

Date of death	1903	Month <i>July</i>
------------------	------	----------------------

Day 8

Age _____ Years _____

Months

Days

Sex Female

Color or Race *White*

Birth-
place *Barnaburgh*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name John Milard

Father's Birthplace

Mother's Maiden Name Yarnell

Mother's Birthplace

Name of person giving Information *G. L. Bentley*

How related to deceased *none*

CAUSES OF DEATH

Primary *Prema ture Birth*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

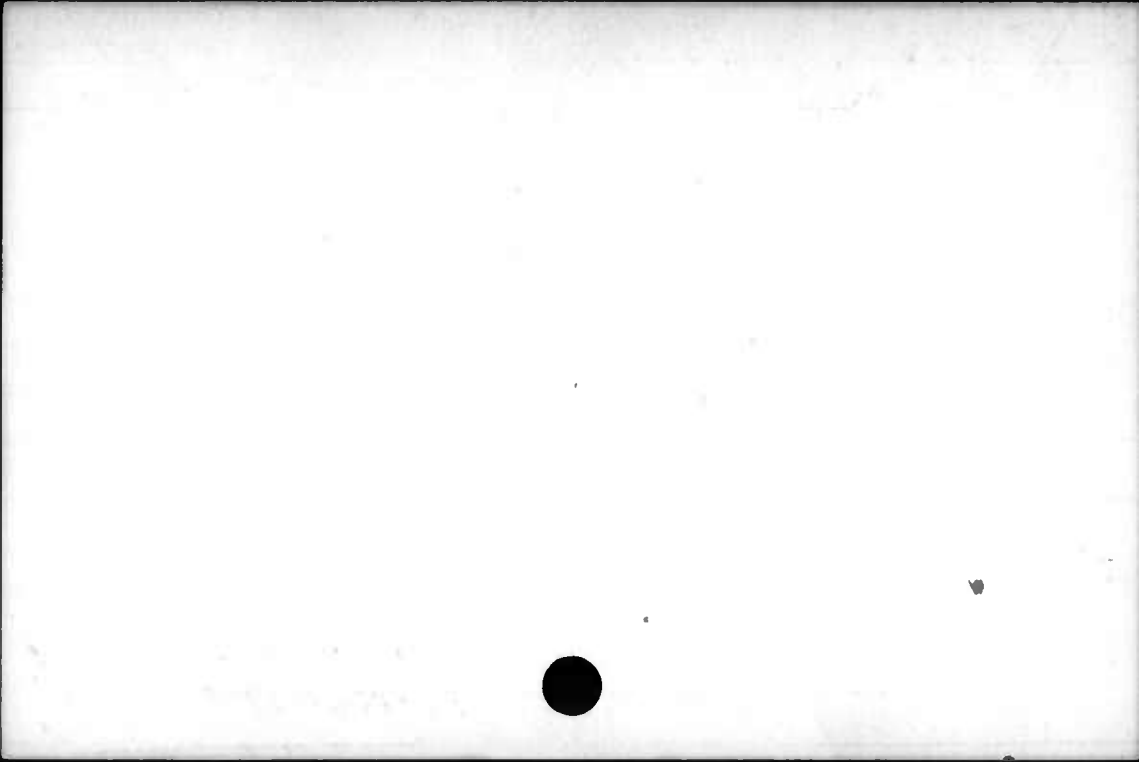
Address

Accident or Suicide?

PHYSICIAN
OR CORONER

How long

G. M. Rether,
Undertaker,



Name
in
Full

Nuse

CERTIFICATE OF DEATH

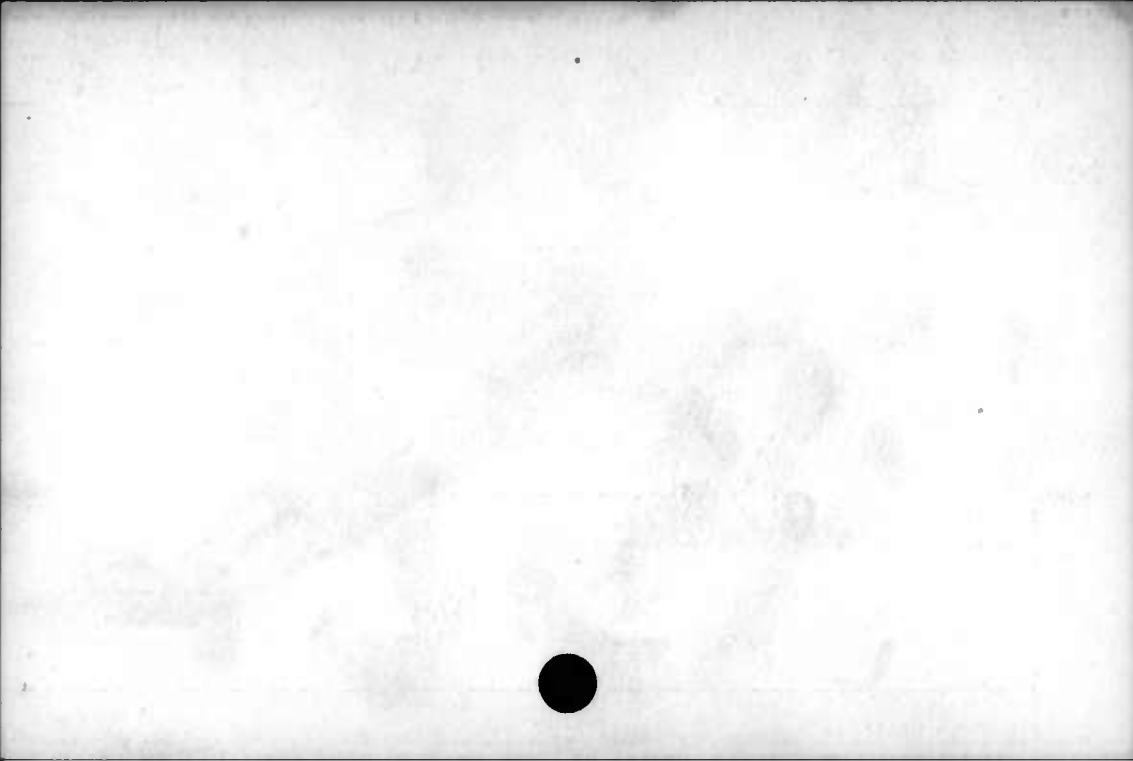
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumbernauld</i>		County <i>Argyll</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>3</i>	Age <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>ind.</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thos. Nuse</i>			Father's Birthplace <i>ind.</i>		
Mother's Maiden Name <i>Oliver Nuse</i>			Mother's Birthplace <i>ind.</i>		
Name of person giving information			How related to deceased		

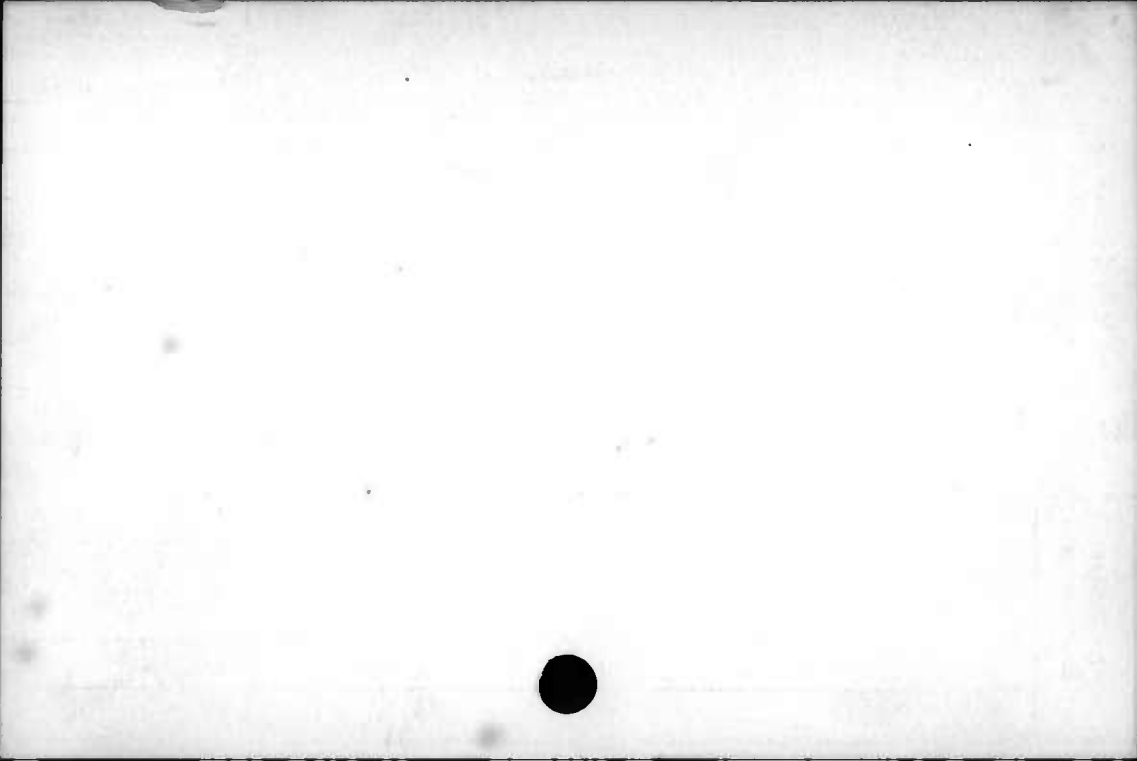
CAUSES OF DEATH

PHYSICIAN
OR CORONER

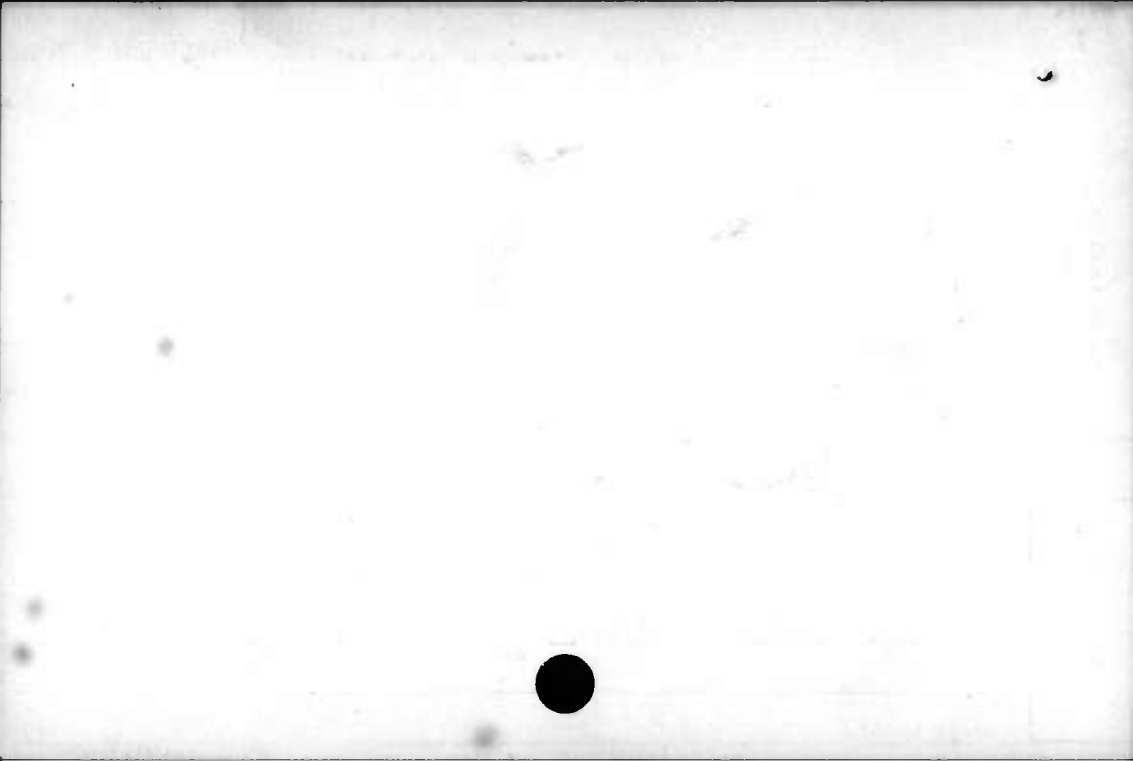
Primary <i>Prémature Birth</i>	How long <i>151</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. N. Loomis M.D.</i>
	Address <i>Cumbernauld</i>
	<i>ind.</i>
Accident or Suicide?	



Name in Full		John O'Connor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Lenoxing		County Allegheny		MARYLAND	
	Date of death 1903	Month July	Day 9.	Age	Years 78.	Months —	Days —
	Sex	Male		Color or Race	White		Birth-place Ireland
	Married, Single or Widowed	Widower			Occupation Laborer		
	Name of Wife and Husband						
	Father's Name Unknown				Father's Birthplace		
	Mother's Maiden Name Unknown				Mother's Birthplace		
Name of person giving information John O'Connor Jr.				How related to deceased Son			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	192				How long	
	Immediate	Accidentally Drowned				How long	
	Are the name, age, sex, color, date and place correctly given above?			it is			
				Signature of Physician A. E. Eckhorn, Undertaker			
			Address Lenoxing				
Accident or Suicide?							



Name in Full		Marion Frances Pagenhart				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westonport		County Allegany		MARYLAND	
	Date of death 1903		Month July	Day 15	Age	Years		Months
	Sex Female		Color or Race White American		Birth- place Westonport			
	Married, Single or Widowed				Occupation			
	Name of Wife or Husband							
	Father's Name Stephen Pagenhart				Father's Birthplace			
	Mother's Maiden Name Mary				Mother's Birthplace			
Name of person giving In formation Stephen Pagenhart				How related to deceased Father				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Heart trouble				How long 10 or 12 hours			
	Immediate X				How long 1 day			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. B. Shupen			
					Address Westonport - Md			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

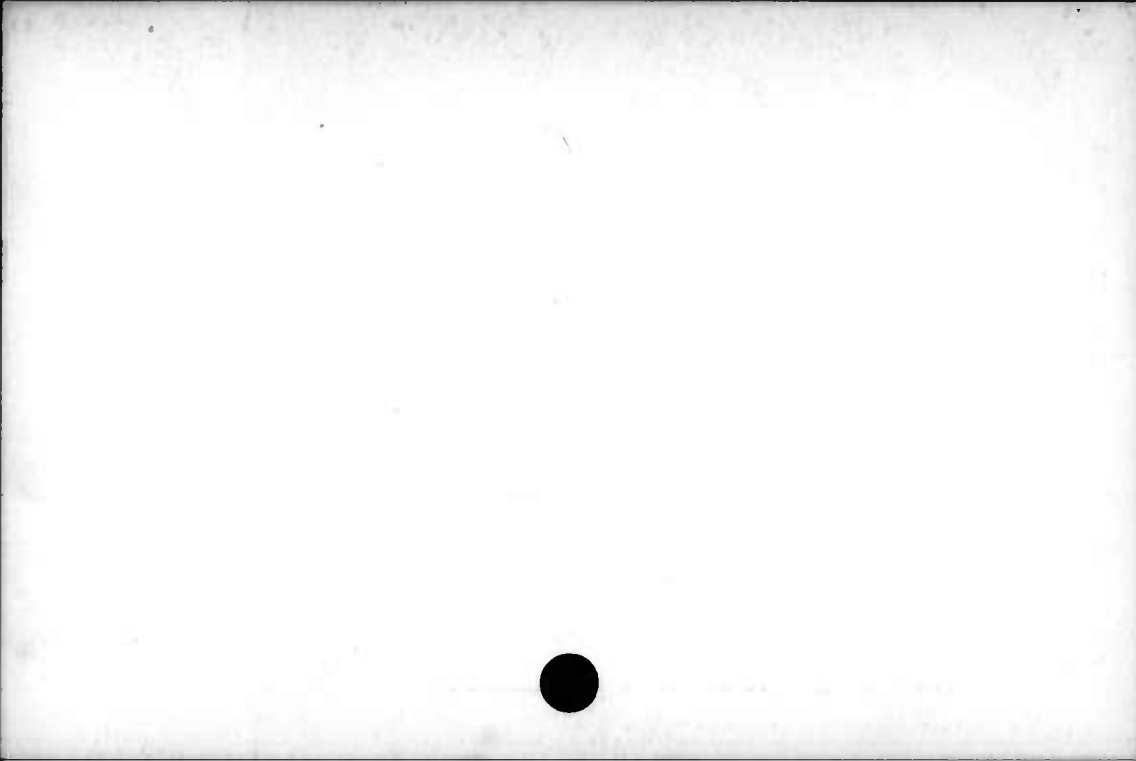
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Eiza Parker</i>		Town <i>Sumner</i>		County <i>alligance</i>		MARYLAND	
Died at <i>Sumner</i>		Month <i>July</i>		Day <i>16</i>		Age <i>3</i>	
Date of death <i>1903</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Wm. G. Parker</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>			
Name of person giving information <i></i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>1 working cough</i>		How long <i>2 mos</i>	
Immediate <i>Pneumonia</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. J. Do...</i>	
		Address <i>Sumner Ind</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

Hellen May Porter

CERTIFICATE OF DEATH

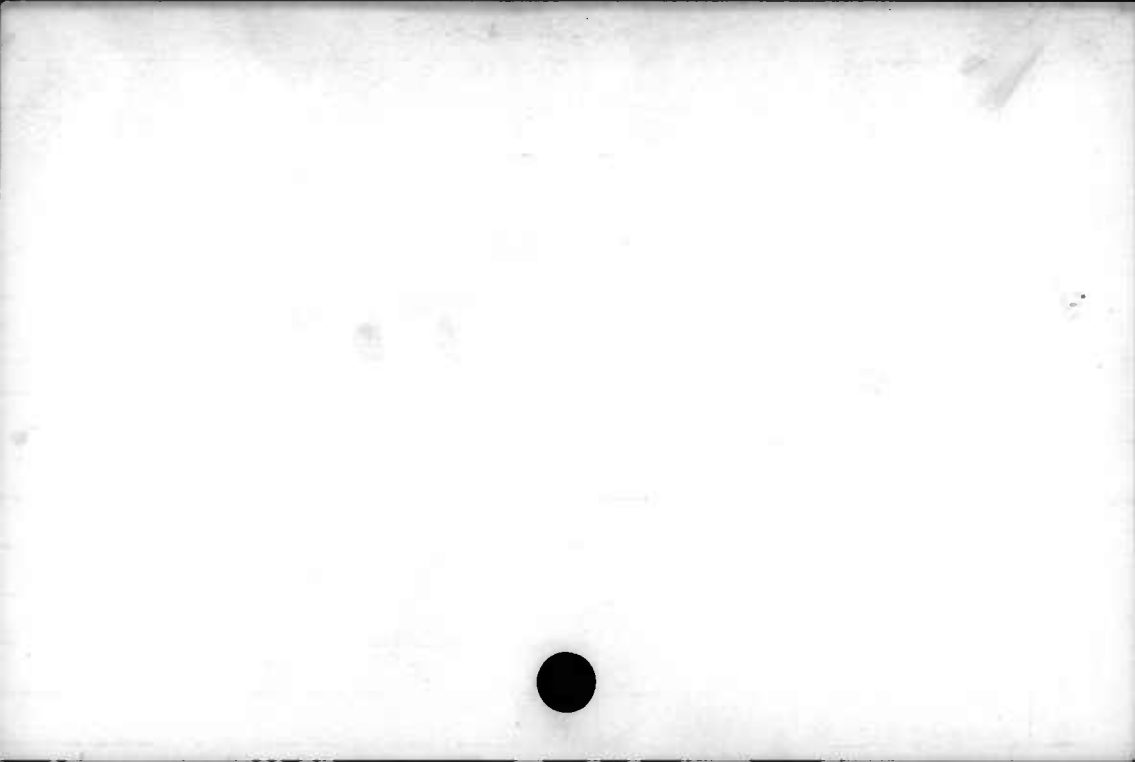
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town			County <i>Allegany</i>			MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>1</i>	Age <i>45</i> Years	Months	Days <i>25</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Josiah M Porter</i>							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>Miss Cora Porter</i>						How related to deceased <i>Step Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Three weeks</i>
Immediate	<i>Heart failure</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo L. Broadbent M.D.</i>
Porter-Burging Bond		Address	<i>100 1/2 Ave</i>
Accident or Suicide?		<i>No</i>	<i>Cumberland Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

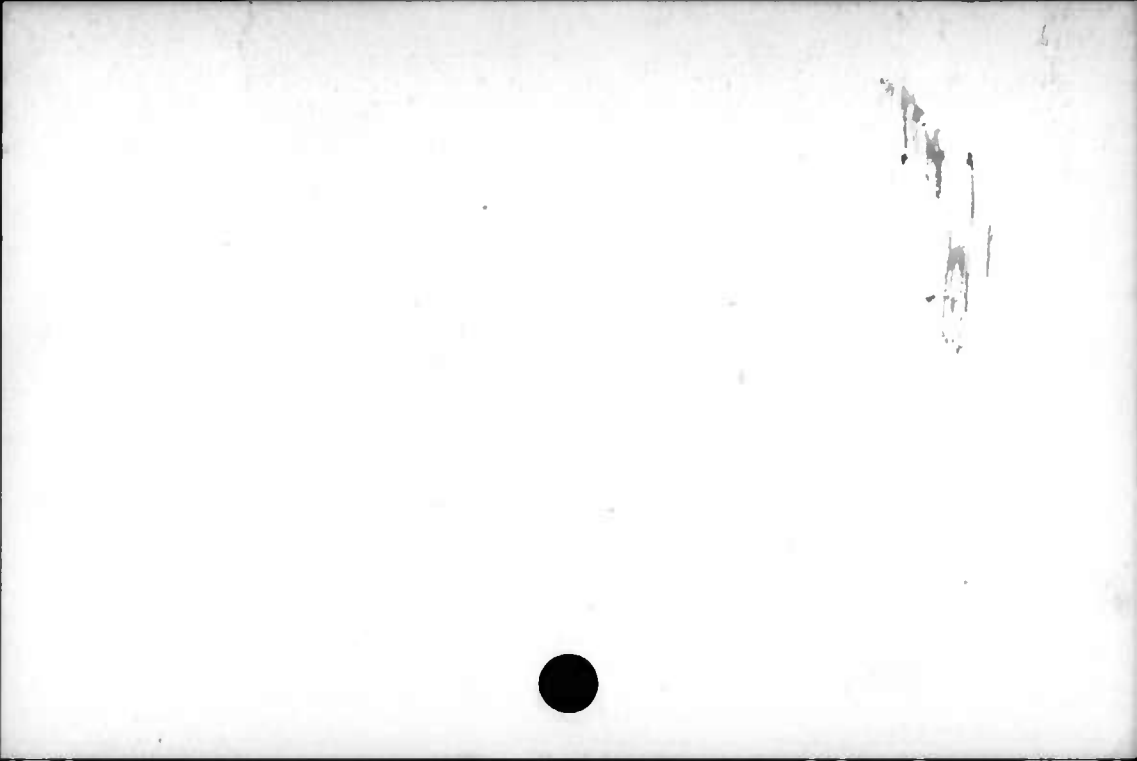
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Piney Grove</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>Tuesday</i>	Age <i>81</i>	Months <i>6</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>House wife</i>				
Name of Wife or Husband <i>George William Price</i>					
Father's Name <i>John Price</i>			Father's Birthplace <i>Lancaster Pa</i>		
Mother's Maiden Name <i>Mary Nancy Willis</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>J. H. Felchen</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>156</i>	How long <i>One month</i>
Immediate	How long <i>Found dead in the morning</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. W. Watson</i>	
	Address <i>Piney Grove Md</i>	
Accident or Suicide?		



Name
in Full

Infant (Purinton)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt Island</i> Town		County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>15</i>	Age <i>0</i> Years	Months <i>0</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumt Md</i>			
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Dana G Purinton</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Dora W Kelly</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>" " " "</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth (8" Mo)</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo H. Brodus</i>
<i>1000 Va Ave</i>	Address <i>Cumt Island Md</i>
Accident or Suicide? <i>No</i>	



Name In Full

Hellen Elizabeth ~~Quinn~~
Quinion

Certificate of Death

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date 1903	Month 7	Day 14	Age 2	Y. -	M. -	D. -	Native of	Occupation none
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Child of *J. E. Ring*

Died at *Cumtland* ^{Town} *Megaw* ^{County} **MARYLAND**

Date of death 190 *3* ^{Month} *7* ^{Day} *28* ^{Years} *—* ^{Months} *25* ^{Days} *—*

Sex *Female* Color or Race *N* Birthplace *Cumtld, Md*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *J. E. Ring* Father's Birthplace *Md*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *E. W. Stone* How related to deceased *Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *2 weeks*

Immediate *Exhaustion* *105* How long *—*

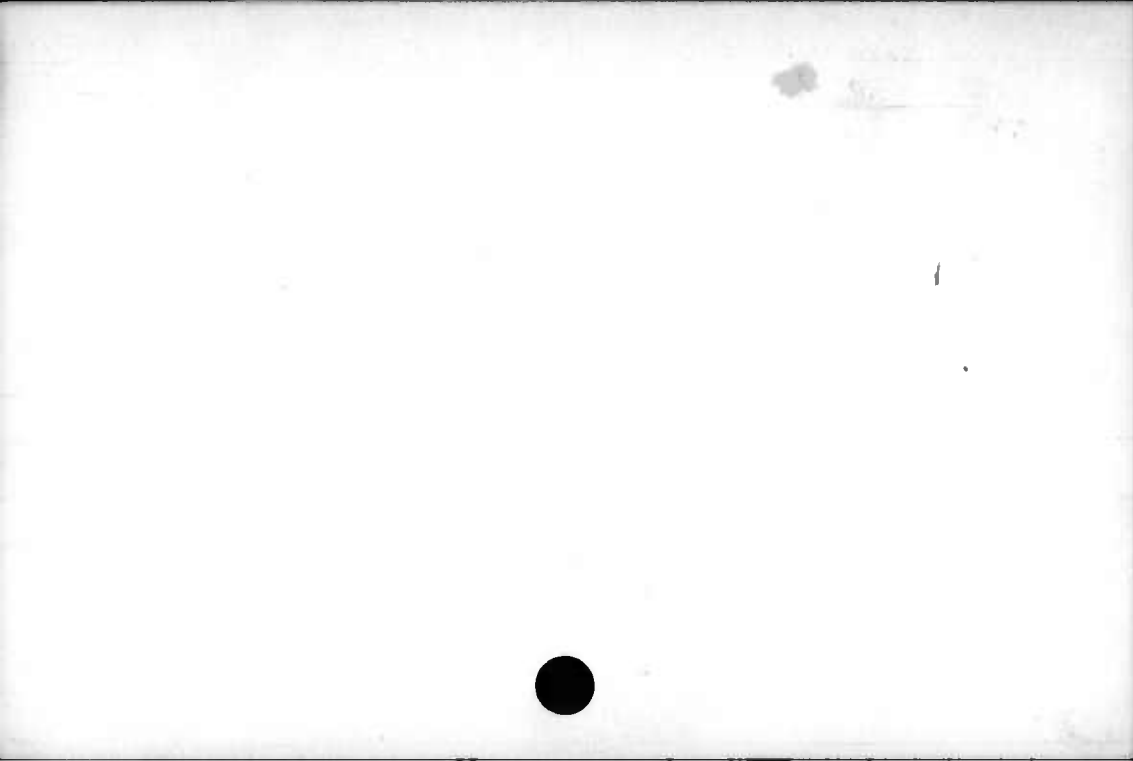
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. F. Tinsley*

Address *Cumtland, Md*

Accident or Suicide? *—*



Name in Full Mrs Nancy Rippen		CERTIFICATE OF DEATH	
Died at Cumberland <small>Town</small>		County Allegany	
Date of death 1903 <small>Month</small> July <small>Day</small> 18		Age 45 <small>Years</small> — <small>Months</small> — <small>Days</small>	
Sex Female	Color or Race white	Birth-place Allegany Co.	
Occupation House-work		Where Residing if not at place of death —	
Married, Single or Widowed Married	Name of Wife or Husband John E. Rippen		
Father's Name John Seiburg	Father's Birthplace —		
Mother's Maiden Name Rebecca Valentine	Mother's Birthplace —		
Name of person giving Information John E. Rippen		How related to deceased —	
CAUSES OF DEATH			
Primary Small Pox	5		How long 2 weeks
Immediate Small Pox			How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. P. O'Neil, M.D.	
		Address Cumberland, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

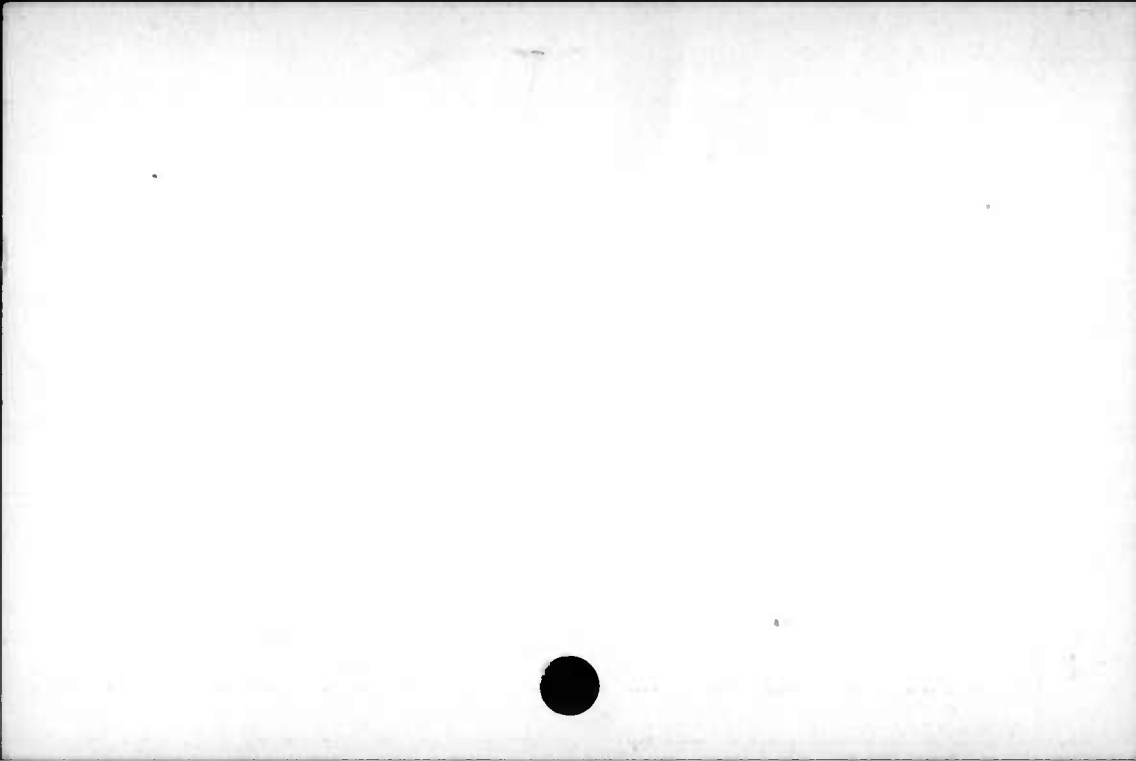
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>ht. Savage</i>		County <i>Kellogg</i>		MARYLAND	
Date of death 190	3 July	Day 14	Age 7	Months +	Days +
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hyndman Pa.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Nurse</i>				
Name of Wife or Husband <i>Charles Perry Smith</i>					
Father's Name <i>_____</i>	Father's Birthplace <i>_____</i>				
Mother's Maiden Name <i>_____</i>	Mother's Birthplace <i>_____</i>				
Name of person giving information <i>Harry Baugh</i>	79		How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation & aortic</i>	How long <i>6 years</i>
Immediate <i>Cholera Morbus Stenosis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edmond Quorles</i>
	Address <i>Mt. Savage Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary A. Rowe* Town *Frostburg* County *Allegany* MARYLAND

Died at *Frostburg*

Date of death 190 *3* Month *July* Day *26* Age *91* Years *6* Months *July* Days *26*

Sex *Female* Color or Race *White* Birthplace

Married Single or Widowed *Single* Occupation *Housewife*

Name of ~~Wife or~~ Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Thos Rowe* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

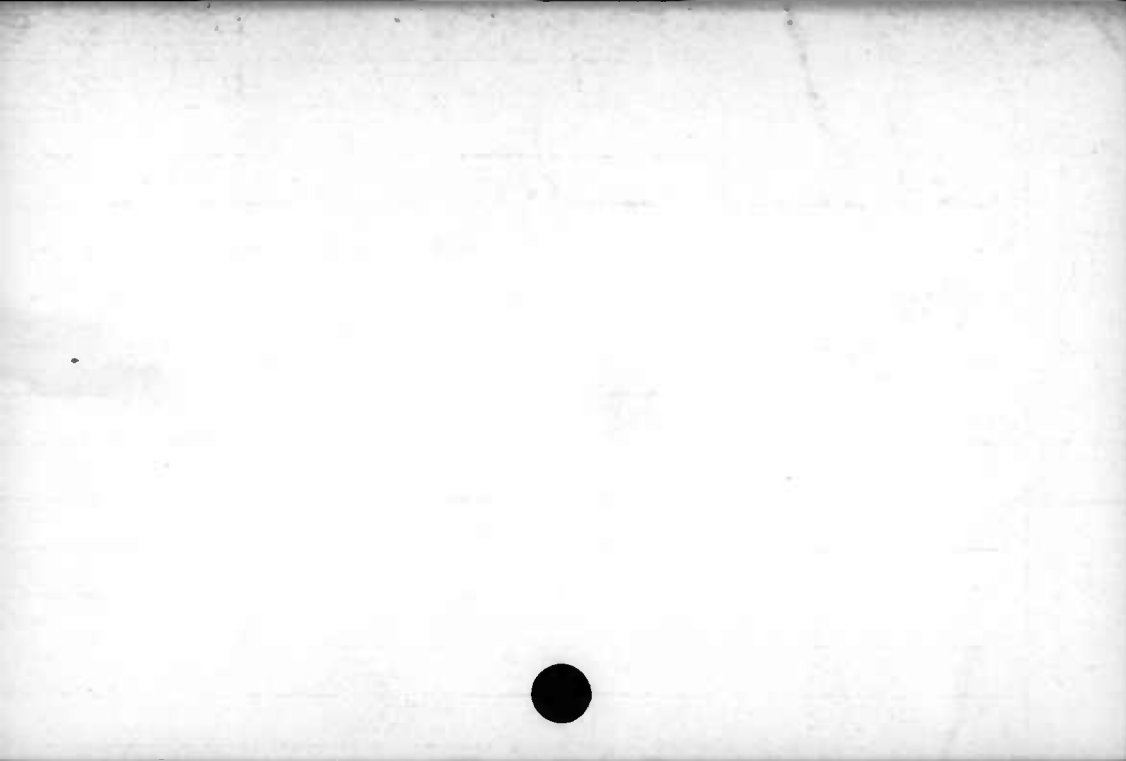
Primary *old age* How long *5 weeks*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. C. Jacobs*

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

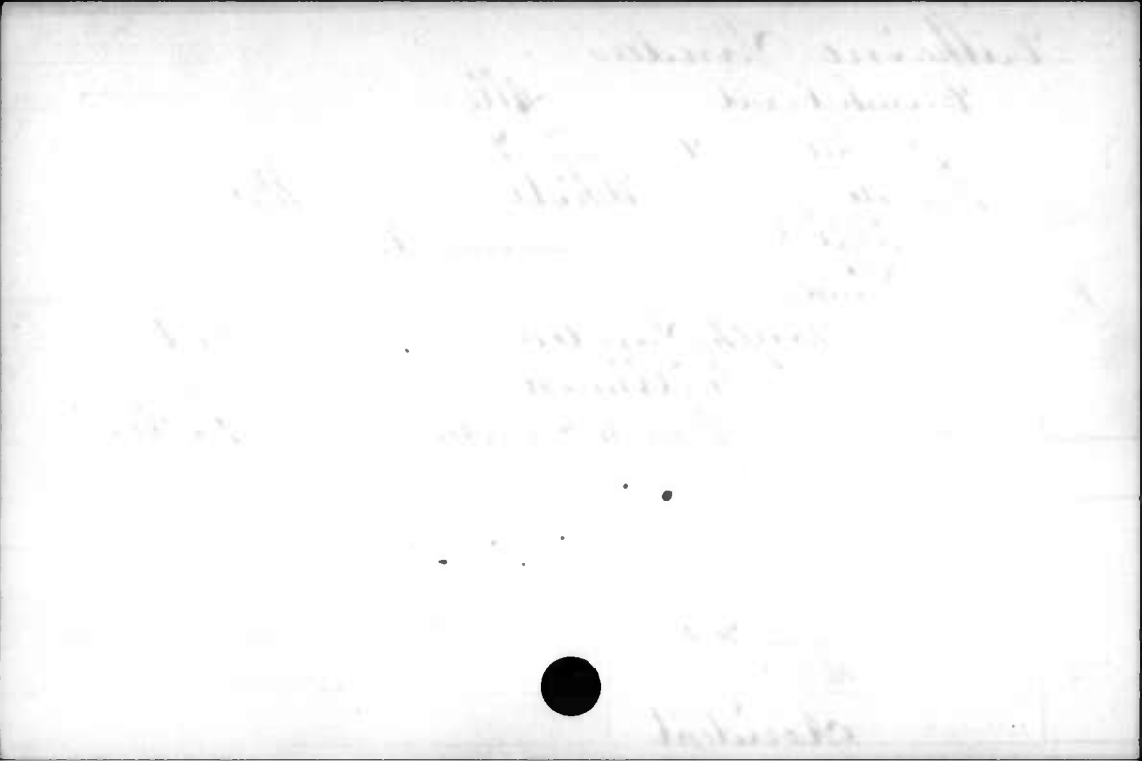
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crossland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>		Month <i>July</i>	Day <i>13</i>	Age <i>1</i> <small>Years</small>	Months <i>7</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Crossland</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>Hayette St -</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband		
Father's Name <i>David Rumrill</i>			Father's Birthplace <i>Hardy Co W Va</i>		
Mother's Maiden Name			Mother's Birthplace <i>Grant Co W Va</i>		
Name of person giving Information			How related to deceased <i>Parents</i>		

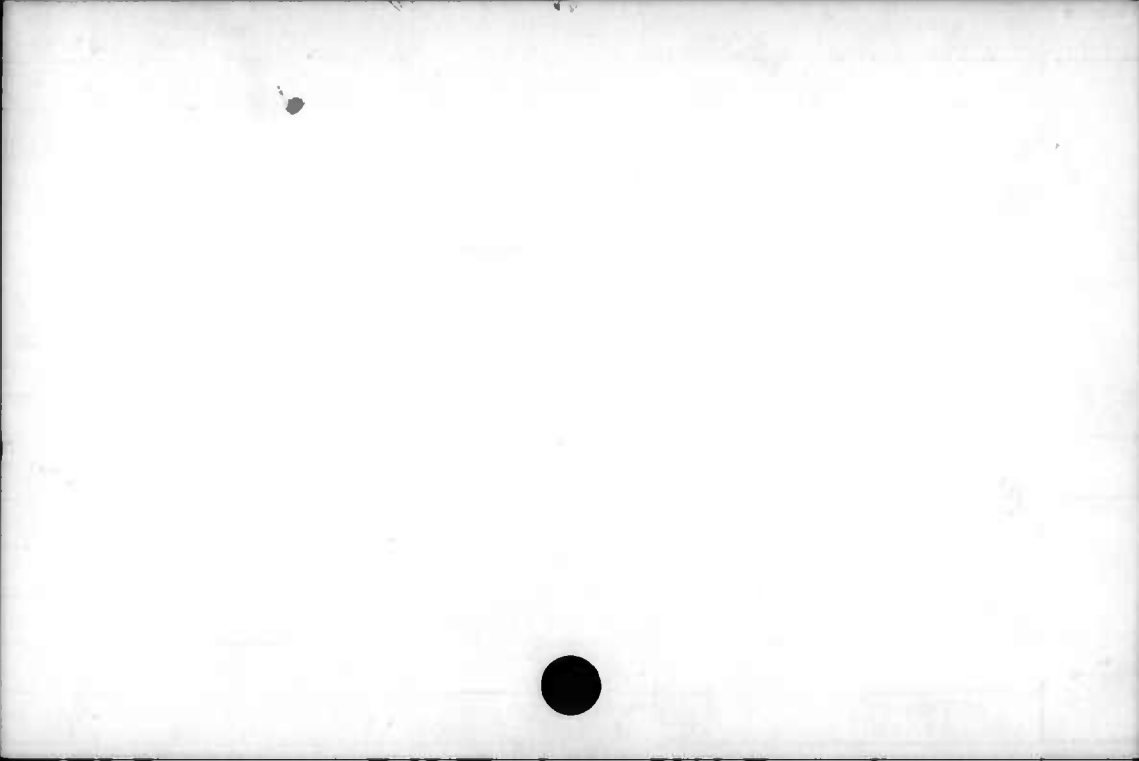
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 1/2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo H. Carpenter</i>
	Address <i>Crossland</i>
Accident or Suicide?	



Name in Full		Catharine Sanders				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumberland</i>		County <i>Alle</i>		MARYLAND		
		Date of death <i>1908</i>		Month <i>July</i>	Day <i>9</i>	Age <i>7</i>	Months	Days
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		
		Occupation <i>Child</i>		Where Residing if not at place of death <i>8</i>				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
		Father's Name <i>Joseph Sander</i>		Father's Birthplace <i>Md</i>				
		Mother's Maiden Name <i>Millman</i>		Mother's Birthplace				
Name of person giving Information <i>Joseph Sanders</i>		How related to deceased <i>Father</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Fractured Skull 166</i>				How long		
						How long		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>W J Corne</i>		
				Address <i>Coring</i>				
Accident or Suicide? <i>Accident</i>								



Name In Full

Thomas Smith

Died at ^{Town} Cumberland ^{County} - Allegany

MARYLAND

Date 1903 7 31 Age 12 8 2 Native of C Occupation Domestic
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of _____
Wife _____
Father's Name _____

Mother's Marden Name Maggie Smith

Cause of Death { Primary Colic
Immediate Heart Failure
How long sick
~~Accident, Suicide, Homicide~~

Reported by J. H. Thompson
Address 163 N. Mechanic St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Delmar Smith

CERTIFICATE OF DEATH

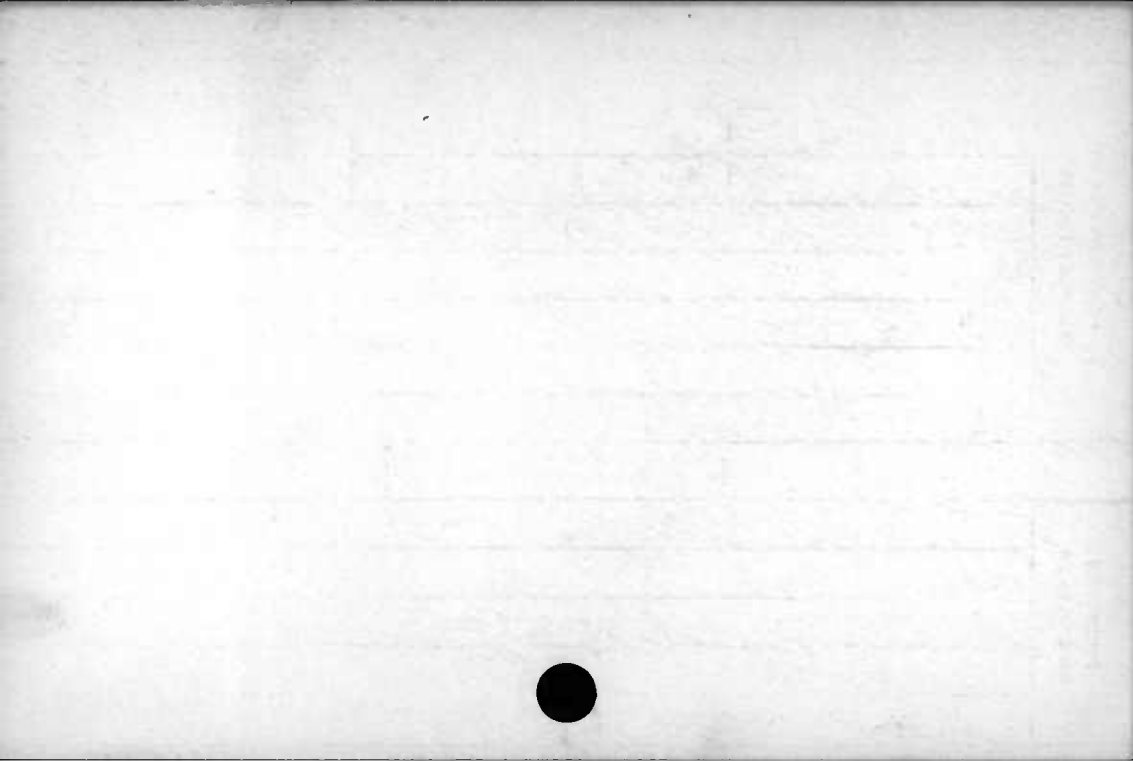
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County		MARYLAND	
Date of death 1903	Month July	Day 13	Age	Years	Months	Days	18
Sex Male	Color or Race White		Birth- place Cib-				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name J. Wm. Smith				Father's Birthplace Cumb Md			
Mother's Maiden Name Cora M Jenkins				Mother's Birthplace Pa			
Name of person giving In formation Father				How related to deceased Father		105	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Thrush & Indigestion	How long	Life
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Broadnax M.D.
		Address	100 Va an Cib-
Accident or Suicide?	No		



Name
in
Full

Thos. M. Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Trumbull* ^{Town} *alliquany* ^{County}

MARYLAND

Date of death 190-3 ^{Month} *July* ^{Day} *16* ^{Age} *26* ^{Years} ^{Months} ^{Days}

Sex *Male* ^{Color or Race} *White* ^{Birth-place} *Ind*

Married, Single or Widowed *Married* ^{Occupation} *Quicker*

Name of Wife or Husband

Father's Name *Mat. M. Stanley* ^{Father's Birthplace} *Ind.*

Mother's Maiden Name ^{Mother's Birthplace}

Name of person giving information *27* ^{How related to deceased}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* ^{How long} *2 y.*

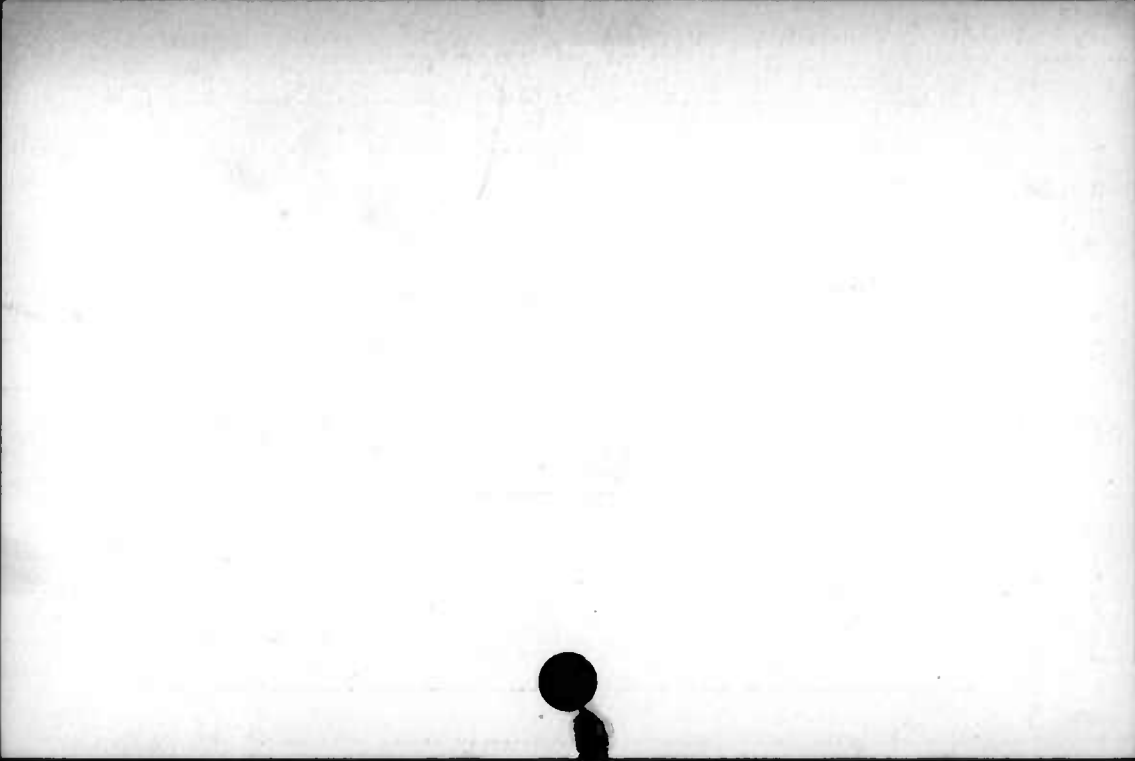
Immediate *Chronic* ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Thos. M. Fox, M.D.*

Address *Ind.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Stein</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>12</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>					
Married, Single or Widowed <i>married</i>		Occupation <i>cabinet maker</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis due to cerebral hemorrhage</i>	How long <i>about 1 week</i>
Immediate <i>Fracture of Skull</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. H. Stansbury</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

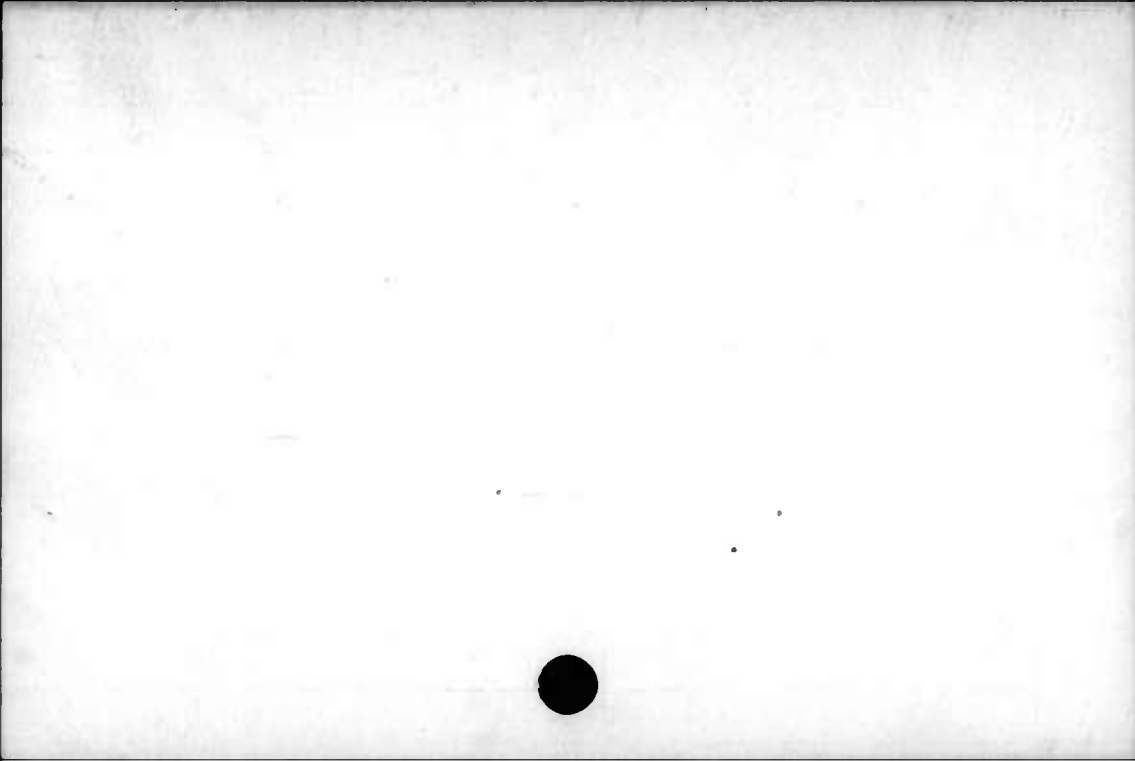
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edith C Steward</i>		Town <i>Cumuld.</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>Cumuld.</i>		Month <i>7</i>		Day <i>5</i>		Age <i>6</i>	
Date of death 190		Years <i>6</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White (?)</i>		Birth-place			
Married, Single or Widowed <i>Married</i>				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pericarditis</i>		How long <i>7</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. B. McJannet</i>	
		Address <i>Cumuld., Pa.</i>	
Accident or Suicide?			



Name
in
Full

Samuel Teeter

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Barton

Date

of death 1903

Month

July

Day

19th

Years

82

Age

Months

7

Days

19

Sex

Male

Color or
Race

White

Birth-
place

Pennsylvania

Married, Single
or Widowed

Married

Occupation

Miner

Name of Wife or
Husband

Mary. E. Metz

Father's
Name

John Teeter

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Annie Hazenbaker.

Mother's
Birthplace

Maryland

Name of person giving
In formation

Mary. E. Teeter

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Old age.

154

How long

Six Weeks.

Immediate

1

How long

1

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

S. A. Boushu (Sub R)

Address

Barton Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

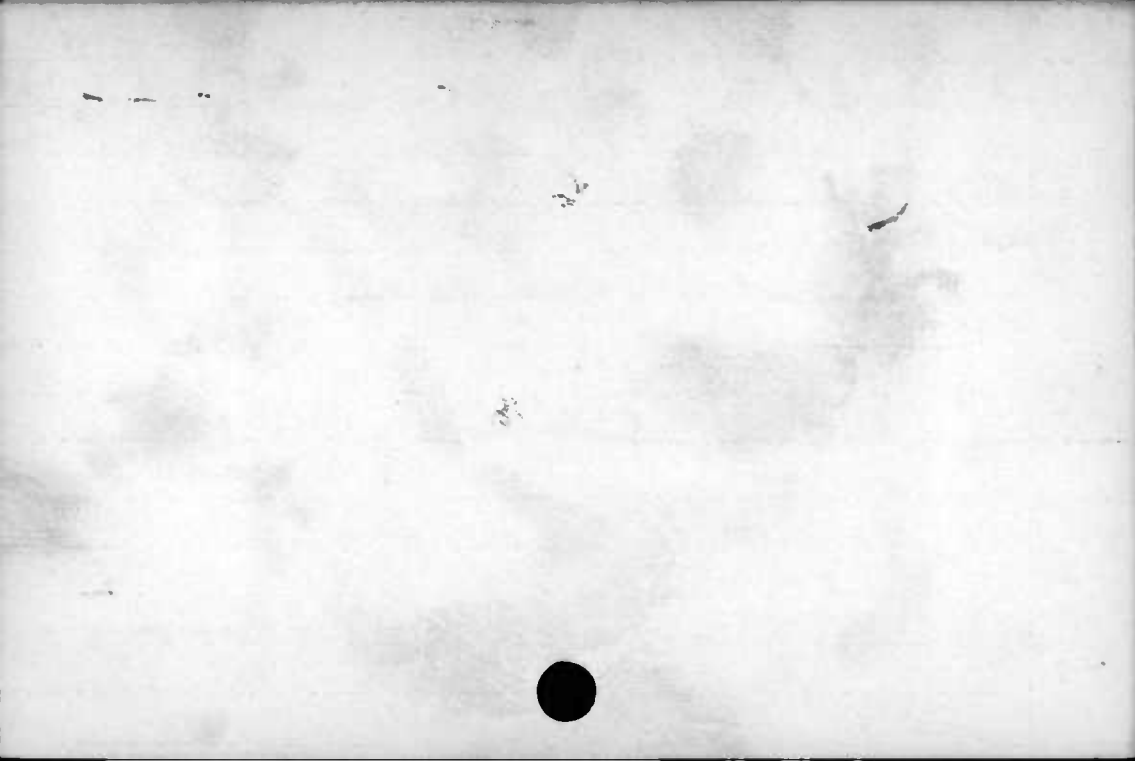
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>Sequency</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>25</i>	Age <i>60</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Elizabeth Tabber</i>					
Father's Name <i>Chas. W. Tabber</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stroke of Liver</i>	How long <i>12 days</i>
Immediate <i>Cerebral</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>H. F. Midge</i>
	Address <i>Cumtland, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

July

22

Age

35 yrs

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Cholera Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Roda Kuse

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Roda Westbrook

How related
to deceased

Wife

CAUSES OF DEATH

Primary

How long

Immediate

Heart Failure

179

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

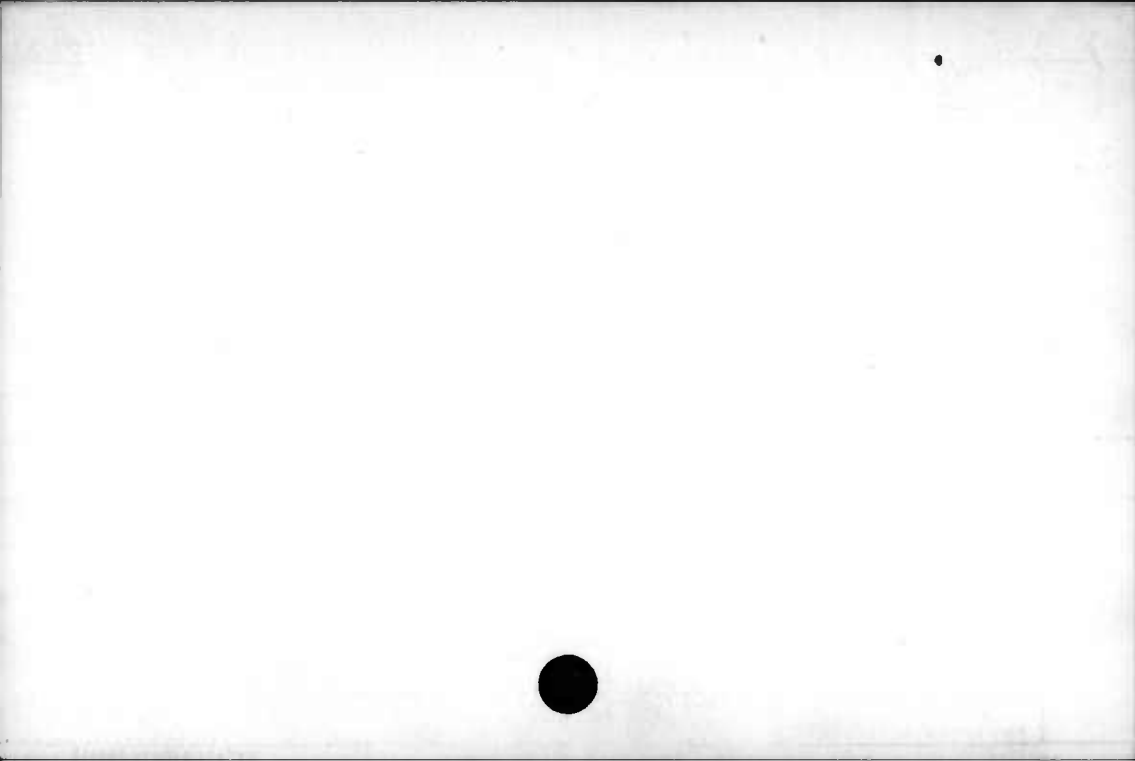
Signature of
Physician

W. J. Conroy

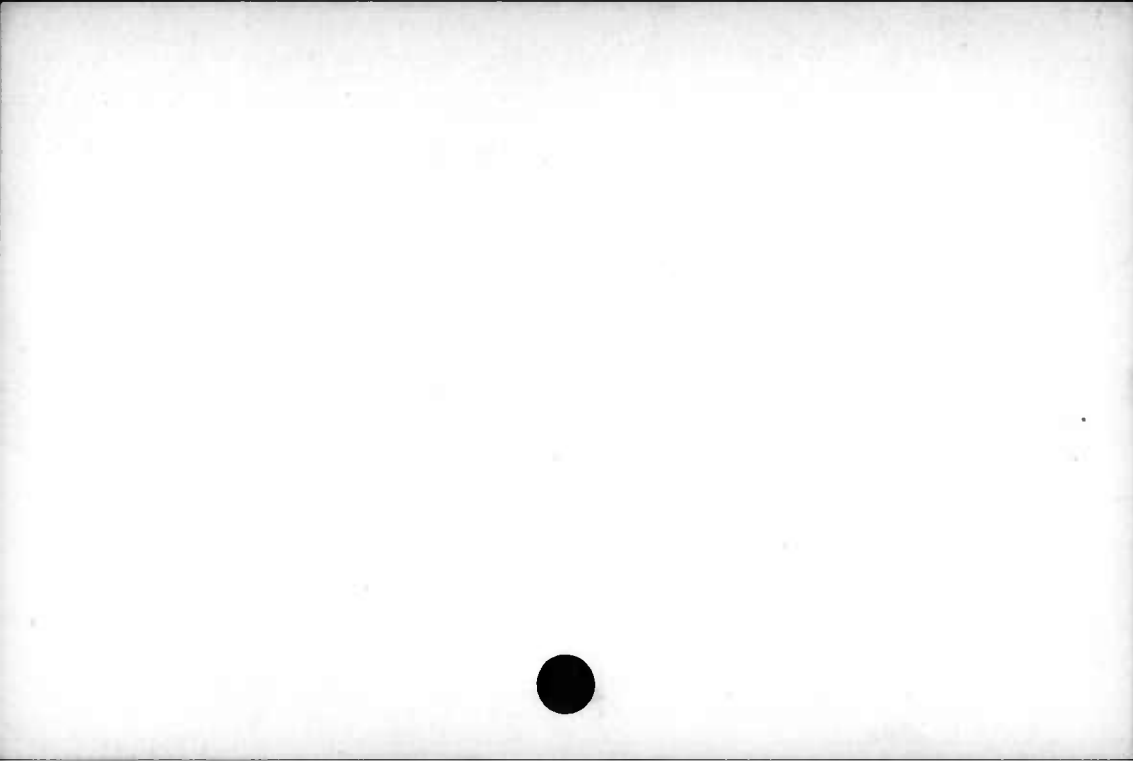
Address

Lancaster

Accident or Suicide?



Name in Full <i>Sarah A. Wilson</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Oldtown</i> <small>Town</small>		<i>Alleghany</i> <small>County</small>		MARYLAND
	Date of death 190 <i>3</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>24</i> <small>Year</small>	<i>29</i> <small>Months</small>	<i>9</i> <small>Days</small>
	Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>W. Va.</i>		
	Married, Single or Widowed <i>Married</i>	Occupation <i>House wife</i>			
	Name of Wife or Husband <i>Warfield Wilson</i>				
	Father's Name <i>William Teters</i>		Father's Birthplace <i>Pa.</i>		
	Mother's Maiden Name <i>Hannah Monnett</i>		Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Warfield Wilson</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Consumption</i>		How long <i>1 yr.</i>		
	Immediate <i>Hemorrhage</i>		How long <i>20 min.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. L. V. Harbaugh</i>		
			Address <i>Old Town, Ind.</i>		
	Accident or Suicide?				



Name
in
Full

Ray Northring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Lumberton* ^{Town}County *Allegheny*

MARYLAND

Date
of death 1903

Month

July

Day

25

Age

Years

Months

Days

16

Sex

*male*Color or
Race*White*Birth-
place*Ind*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name*R. N. Northring*Father's
Birthplace*W. Va.*Mother's
Maiden Name*H. M. Massey*Mother's
Birthplace*W. Va.*Name of person giving
information*R. N. Northring*How related
to deceased*Son*

CAUSES OF DEATH

Primary

M. M. Infection

How long

15 day's

Immediate

4 hours

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Thos. H. Foy, M.D.*

Address

Lumberton

Accident or Suicide?

*Ind*PHYSICIAN
OR CORONER

